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11 SUPERIOR COURT OF CALIFORNIA
12 COUNTY OF ALAMEDA
13
14

15 MARGARET FARRELL,

Plaintiff,

17 v.

18 RODERICK HICKMAN,

19 Defendant.
20

CASE NO. RG 03079344

**DEFENDANT'S NOTICE OF
FILING OF DJJ'S HEALTH
CARE SERVICES
REMEDIAL PLAN**

21
22 Pursuant to the requirements of the Consent Decree, paragraphs 12 and 17, the
23 Stipulation Regarding DJJ's Remedial Efforts, numbered paragraph 1, page 2:4, dated
24 January 31, 2005, the Health Care Services Interim Plan, and a Stipulation extending time,
25 defendant Hickman hereby files DJJ's Health Care Services Remedial Plan.

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COPY

1 Attached as Exhibit A is DJJ's Health Care Services Remedial Plan.

2 Dated: February 24, 2006

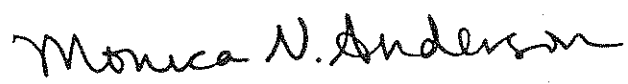
Respectfully submitted,

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EXHIBIT A

**CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE JUSTICE**

HEALTH CARE SERVICES

February 2006

REMEDIAL PLAN

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OVERVIEW

In accordance with the requirements of the consent decree *Farrell v. Allen* (No. RG 03079344) in the Superior Court of California, the California Department of Corrections and Rehabilitation (CDCR) submits this remedial plan for medical care. In this plan, the CDCR details how it shall implement a Health Care Services Delivery System that improves youth accessibility to health care services and provides a standard system of care and accountability.

The CDCR recognizes that the transition from the current system of delivery of health services to an improved system requires a transition period. Therefore, this remedial plan includes a transition plan, which is the first step of the remedial plan. The remedial plan will identify target transitional goals as well as long-term program goals. It also identifies individuals who will ensure accomplishment of those goals. The transition plan, which is an extension of this plan, includes items (development of policy/procedure, staffing targets, development of an audit instrument) that are not yet developed. As these items are developed they will be provided to plaintiff's counsel for review and comment and the Court Experts for approval before submission to the Court. If plaintiff is not satisfied with defendant's responses to plaintiff's written comments, she may bring the matter to dispute resolution pursuant to paragraph 48 of the Consent Decree.

In this remedial plan, the CDCR proposes to supplant the existing health care services for youth with a different health care operational structure. The guiding concepts of the revised health care operations are:

1. Create a centralized state medical leadership with the ability to establish health care policy, implement and monitor health services at all facilities, and supervise health services staff, which includes hiring, firing, and progressive disciplinary action if indicated.
2. Develop standardized policy and procedure that matches the needs of youth and conforms to an acceptable national standard of medical and nursing care.
3. Develop a system of auditing staff performance against the newly implemented policy and procedure.
4. Establish a program that fosters linkages to university-based programs, public health agencies, and other youth facilities to which youth may be transferred or from which they may be accepted.

SYSTEM STATEMENT

The Health Care Services Delivery System's mission shall be to provide youth access to care, quality care, and continuity of care.

CORE VALUES

The Health Care Services Delivery System's core values are:

Community Standards: We intend to provide quality medical, dental and mental health care that meets community standards.

Integrity: We demonstrate honesty and consistency in all aspects of our work; we insist that the Health Care Services members evaluate each situation and accept individual responsibility for doing what is correct.

Respect: We demand a work environment where all people are treated with fairness and dignity; we accept individual differences and support adherence to professional standards.

Teamwork: We pursue cooperative partnerships with both internal and external units involved in youth's health care and operational facets of the CDCR in providing quality health care to youth; we function as a team, recognizing the importance of open communication, collaboration, and individual role responsibility.

Innovation: We encourage new ideas for doing the job better and encourage input on established practices; we encourage Health Care Services members to seek opportunities to maximize personal contributions; and we are willing to take prudent risks to improve existing processes and procedures.

PHILOSOPHY

Commensurate with its mission and core values, Health Care Services acknowledges its responsibility to:

- Provide each youth with medical, dental, public health, and mental health services delivered in a caring, compassionate way with attention to and documentation of the individual youth-patient's condition and special needs
- Observe youth rights
- Provide effective oral and/or written communication
- Provide quality, cost effective health care services
- Diminish risks by implementing appropriate preventive measures
- Provide a method to evaluate the quality and appropriateness of care
- Determine the presence or absence of opportunities to improve health care

- Develop a method to improve health care and correct identified problems
- Resolve problems that are identified through quality management activities and mechanisms
- Identify patterns and trends in health care that warrant evaluation
- Identify important single clinical events that warrant evaluation
- Develop a method to ensure that health care staff shall be appropriately trained and licensed, and that health care staff receives ongoing training and continuing education
- Develop a method to ensure that policies and procedures shall be accurate and current, are reviewed at least annually, and revised when necessary
- Develop a method to ensure that safety and security shall be maintained for youth-patients and health care staff

In addition, a fundamental philosophical goal of the CDCR will be to ensure appropriate access of youth to adequate health care services. The basic components of health care services delivery shall be provided utilizing the *American Medical Association's Guidelines for Adolescent Preventive Services*, the *U.S. Preventive Services Task Force* guidelines, and the National Commission on Correctional Health Care's (NCHC) *Standards for Health Services in Juvenile Detention and Confinement* (see Reference section).

COMPONENTS OF CARE

Components of care will include:

1. Access to routine and emergency care. This includes:
 - Routine care based on requests (sick call)
 - Management of chronic illness
 - Specialty consultations as ordered by CDCR physicians
 - Emergency care for acute medical conditions
 - Tertiary care (hospitalization) as required for necessary medical services
 - Accurate and timely administration of medications and other prescribed treatments
 - Routine and emergency dental care
 - Access to care will be timely as determined by policy and clinical criteria. Access to care will be available to all custody levels. Denials of elective specialty care will be based on clinical criteria and will be subject to review
 - Access to care shall include access to supportive services necessary to provide that care including nursing, pharmacy, laboratory and other diagnostic and ancillary services

2. Youth will have public health interventions that are deemed appropriate on an age/gender and population basis based upon the US Preventive Services Task Force Guidelines.
3. Involvement of the youth in his/her treatment plan will be a goal of all medical services.
4. All staff will be appropriately licensed and credentialed, and provide services only within the scope of their licenses and training.
5. The CDCR will provide necessary equipment and ancillary services to ensure availability of adequate health care services.
6. Credentialing and privileging of physicians will ensure that physicians will provide care only in areas in which they have been trained to do so. The CDCR will establish a means of evaluating physicians on a regular basis.
7. Nursing services are ultimately supervised from Health Care Services. Nurses will function within the scope of their training. In all areas, the CDCR will attempt to eliminate clerical functions from nursing assignment so that nurses may perform their duties more cost-effectively.
8. Dental services will include emergency, routine, and preventive services. Dental staff will include instruction on dental hygiene in their dental program.
9. Pharmacy services will ensure the continuity of medication from the community to the CDCR and from the CDCR to the community, as well as the timely production of deliverable medication based upon physician order.
10. Pharmacy services will establish a cost-effective formulary and monitor physician adherence to that formulary.
11. Pharmacy services will supervise storage, ordering, and inventory of all medications used in the CDCR. Pharmacy services will provide monthly reports on costs and utilization for management purposes.
12. Ancillary services will be the responsibility of administrators at all sites. These services include the background services upon which delivery of medical services depend, such as: laboratory services, medical record services, provision of equipment services, radiological services, and any other service required to adequately provide medical or dental services.

DEFINITIONS

TRANSITION TEAM

The Transition Team was established pursuant to the February 2005 Medical Interim Plan which sets forth its initial tasks. It has prepared this Remedial Plan. It will continue to plan and manage the transition to the juvenile and adolescent health care system as specified in this Remedial Plan.

HEALTH AUTHORITY

The health authority is the person who is the final and ultimate authority for making clinical and programmatic decisions regarding health care services for the youth of the CDCR. This person shall be the Medical Director.

AUTHORITY

The authority for the establishment and operation of the California Department of Corrections and Rehabilitation, Division of Juvenile Facilities (CDCR), and the appointment of the Chief Deputy Secretary for Juvenile Justice is set forth in Division 2.5, Chapter 1, Section 1700 et. seq. of the Welfare and Institutions Code. The Chief Deputy Secretary for Juvenile Justice is authorized to make and enforce all rules proper to the accomplishment of the functions of the Division of Juvenile Facilities, including those related to the medical, surgical, dental, and mental health needs of youth lawfully committed to the CDCR.

OUTPATIENT HOUSING UNIT

An Outpatient Housing Unit (OHU) in a CDCR DJJ facility shall house youth that require special housing for medical observation or skilled nursing at the level of home health care and are not in need of hospitalization or placement in a licensed nursing facility. This will be the highest level of medical care capability on-site at CDCR DJJ facilities. Youth requiring care beyond the capabilities of the OHU will be transferred to an acute care community hospital. CDCR DJJ Outpatient Housing Units are equivalent to infirmaries as defined in NCCHC. CDCR DJJ policies and procedures will adhere to the NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities 2004 Edition (see Reference section). The California Department of Health Services will not license an OHU.

CORRECTIONAL TREATMENT CENTER

The Correctional Treatment Center (CTC) is a health facility licensed by the California Department of Health Services (DHS) under Title 22, Chapter 12 of the California Code of Regulations (CCR). The Correctional Treatment Center (CTC) has a specified number of beds located within a CDCR institution. This level of care is designated to provide care to that portion of the youth-patient population who do not require a general acute care level of services but are in need of professionally supervised health care beyond that normally provided in the community on an outpatient basis. Currently DJJ intends to utilize CTC beds only for mental health care.

UNIFIED HEALTH RECORD

A Unified Health Record (UHR) will be initiated for every youth admitted to the CDCR. Using this standard departmentally approved document, staff will maintain a current record of treatment plans, progress notes, and other medical, dental, mental health, and public health information. All medical forms at all facilities are subject to approval by the Clinical Record Administrator in Health Care Services. Policies and procedures regarding the format and contents of the record, disclosure of confidential medical information transfer of records, and the Health Care Services will promulgate record retention.

HEALTH CARE SERVICES DIVISION CENTRAL OFFICE POSITIONS

- The Medical Director of Health Care Services shall be a physician reporting to the Chief Deputy Secretary. This person shall direct health care services for the youth of the CDCR.
- The Health Care Administrator shall be an administrator reporting to the Medical Director. This person shall manage the administrative functions of health care services.
- The Chief Psychiatrist shall report to the Medical Director and shall be responsible for managing the mental health program of the CDCR.
- The Chief Psychologist shall report to the Chief Psychiatrist or DJJ Medical Director and shall be responsible for ensuring the quality of psychological services provided in the mental health program.
- The Director of Nursing will report to the Medical Director and will supervise and direct nursing services on a statewide basis.
- The Director of Pharmacy shall report to the Health Care Administrator and will be responsible for supervising pharmacy services on a statewide level.
- The Standards Compliance Coordinator will report to the Health Care Administrator and will be responsible for directing and managing the overall Quality Management program, to include facility audits as identified in this document.
- The Clinical Record Administrator will report to the Health Care Administrator and will be responsible for the organization and content of the Unified Health Record (UHR).
- The Public Health Nurse will report to the Director of Nursing and will be responsible for managing the infection control plan.
- A Chief Dentist will be assigned to the Health Care Services and report to the Medical Director. This Chief Dentist will be responsible for the clinical oversight of dental services.
- Additional office staff as determined by the Transition Team.

STAFFING AND PERSONNEL

STATEWIDE LEADERSHIP

The Medical Director shall ensure that general health care and medical services are provided to youth and shall report to the Chief Deputy Secretary, Juvenile Justice of the CDCR. In the event of future organizational changes, the reporting table of organization will ensure that the Medical Director report to the senior official of Juvenile Services. The Medical Director for the CDCR Division of Juvenile Justice shall provide leadership, supervision, and oversight of health care programs, including general medicine, nursing, mental health, dental, public health, training, and administration.

The DJJ Medical Director shall provide leadership and oversight in developing and implementing:

- Standard juvenile-specific health care policies and procedures, treatment guidelines, and clinical programs, ensuring each shall be commensurate with community standards
- Standard policies and procedures regarding mechanisms for health care delivery, including access to medical care and sick call, medication administration, initial screening, health records, dental services, and response to emergencies
- The preventive health care program and chronic illness program
- The medical standards and compliance program
- A quality management program, including peer review of physicians and routine monitoring of the process of care

The DJJ Medical Director shall ensure that:

- Supervision, training, and development, including periodic medical education, of clinical staff are provided
- The quality of medical, dental, and mental health care is monitored
- Ethical practices prevail
- A system to evaluate the productivity of health care staff is developed
- A pharmacy inventory control system is established and monitored
- Fiscal accountability specific to health care is established

Additional statewide leadership shall be provided in the following areas:

HEALTH CARE ADMINISTRATOR

The Health Care Administrator shall report directly to the Medical Director and shall be assigned to headquarters, and shall act for the Medical Director in his absence. The Health Care Administrator shall prepare the Health Care Services budget and prepare a monthly report of accounts for each line item, which will be available to CDCR leadership for management purposes.

The Health Care Administrator shall ensure that operational systems are in place and functioning smoothly, e.g., phones, pagers, educational materials, equipment, supplies, pharmaceuticals, ordering systems, etc. At headquarters, the Pharmacy Manager, Standards Compliance Coordinator, Clinical Record Administrator, and other non-clinical staff shall report to the Health Care Administrator.

PSYCHIATRY AND PSYCHOLOGY

The Chief Psychiatrist and Chief Psychologist shall provide leadership and management of mental health clinicians, including clinical oversight and direction for the delivery of quality mental health treatment. The Chief Psychiatrist shall report directly to the Medical Director, and the Chief Psychologist shall report directly to the Chief Psychiatrist. The Chief Psychiatrist and Chief Psychologist shall be assigned to headquarters and shall be responsible for developing policies and procedures for mental health programs to ensure compliance with existing federal and state laws and regulations, community standards, and with the enforcement of the mental health portions of this agreement.

The Chief Psychiatrist shall organize, direct, and evaluate outpatient treatment programs and provide technical advice to the facility psychiatrists. The Chief Psychiatrist will be responsible for establishment of CTC care of youth requiring a higher level mental health care than can be provided in an outpatient setting.

NOTE: The duties and responsibilities of both the Chief Psychiatrist and Chief Psychologist will be discussed in further detail in a separate document, the "Mental Health Services Delivery System Remedial Plan."

DIRECTOR OF NURSING

The Director of Nursing shall report directly to the Medical Director, be assigned to headquarters, and be responsible for supervising nursing practices statewide. The Director of Nursing shall coordinate the selection, supervision, monitoring, and evaluation of nursing staff. The Director of Nursing shall ensure that the nursing staff is qualified and licensed, and that a sufficient number of qualified nursing staff is on duty to provide adequate patient care. The Director of Nursing shall provide professional oversight and leadership, develop and implement standard nursing protocols, develop and implement nursing services policies and procedures, assess training needs and plans, and coordinate and conduct in-service training.

PHARMACY SERVICES MANAGER

The Pharmacy Manager shall report to the Medical Director on clinical issues and to the Health Care Administrator on operational issues. The Pharmacy Manager will be assigned to headquarters.

The Pharmacy Services Manager shall ensure that the pharmacies are compliant with the CDCR's DJJ Pharmacy Services Policies and Procedures, and shall ensure that monthly monitoring of pharmacies, medication rooms, and storage areas is carried out, and corrective action is instituted when necessary. The Pharmacy Services Manager shall arrange, attend, and produce minutes for the quarterly statewide Pharmacy and Therapeutics Committee meetings, and shall attend the facilities monthly Pharmacy and Therapeutic Committee meetings on alternate months.

With the approval of the Medical Director and the Pharmacy and Therapeutics Committee, the Pharmacy Services Manager shall develop a drug formulary, as well as develop a method to add and delete drugs from the formulary. The Pharmacy Manager shall develop strategies, including information and consultation, to improve the clinical advice to physicians and nurses. The Pharmacy Services Manager shall assist the Health Care Administrator in developing the pharmacy budget, which shall include a per youth/per month pharmacy cost that includes labor costs. Additionally, the Pharmacy Manager shall make recommendations to reduce the per youth/per month cost.

The Pharmacy Services Manager shall be responsible for providing a monthly report to each site detailing pharmacy utilization, costs, weekly drug expiration lists, monthly lists of drugs used by class, and daily physician prescribing lists.

STANDARDS COMPLIANCE COORDINATOR

The Standards Compliance Coordinator shall report directly to the Health Care Administrator and be assigned to headquarters. The Standards Compliance Coordinator shall coordinate and implement a Quality Management program that includes an internal, multidisciplinary clinical auditing process to ensure that all facilities are audited on an interval basis using the audit instrument that will be developed by Court Experts in conjunction with this plan, and other quality improvement criteria the Transition Team deems appropriate. The Standards Compliance Coordinator shall develop and publish an annual audit schedule by January 1 of each calendar year.

The Quality Management program clinical audit process will address all areas of the remedial plan including:

- Medical Reception Evaluation
- Intrasystem Transfer Process
- Sick Call
- Physician/Nurse Practitioner/Physician Assistant Care
- Chronic Illness Program
- Medication Administration
- Pharmacy Services

- Urgent/Emergent Care
- OHU
- Infection Control
- Consultations and Specialty Services
- Continuous Quality Improvement
- Dental Care
- Licensure and Credentialing

The Transition Team along with assistance from Court experts will facilitate the development of the initial policies. The Court experts will develop the audit instrument to be used for compliance monitoring. Ideally, the DJJ Health Care Services will utilize the audit instrument to measure internal compliance. The DJJ audit team will be multidisciplinary, consisting of a physician, nurse, pharmacist, dentist, and administrator. The purpose of the auditing process is to measure compliance with departmental and facility policies and procedures, and contemporary standards of medical, nursing, dental, and fiscal practices.

The Standards Compliance Coordinator shall be responsible for publishing audit reports within 30 days of site visits and monitoring the development and implementation of corrective action plans for each facility. The Standards Compliance Coordinator shall arrange, attend, and produce minutes for the quarterly statewide Quality Management Committee (QMC) meetings and shall develop a schedule to attend the facilities QMC meetings on a periodic basis.

NUMBER AND TYPE OF STAFFING

The Health Care Services Delivery System shall utilize a variety of professional clinical, administrative, and support staff. The Health Care Services Delivery System shall provide youth with general health care under the direction of the Medical Director. Standard policies and procedures shall ensure that qualified and licensed professionals deliver necessary health care services. The Chief Dentist shall manage the dental services. The Chief Psychiatrist shall be responsible for all mental health components. Information Technology (IT) support will be provided to enable a well-defined and standardized data collection procedure for Quality Management and tracking purposes. Adequate housekeeping resources shall be available to maintain a clean and safe environment in the institutions.

Staffing levels necessary to perform health care services functions shall be established by the requirements of policies and procedures, and treatment guidelines. Staffing levels will be subject to both internal and Court expert monitoring. Annually, this function will be performed as part of development of the budget process at each facility, under the guidance and supervision of the DJJ Statewide Medical Director and Health Care Administrator.

Healthcare providers employed by the Division of Juvenile Justice will have pay parity with healthcare providers employed with adult operations. Nothing in this plan precludes the use of targeted pay differentials intended to aid in recruitment and retention to specific institutions or regions.

PHYSICIAN SERVICES

Chief Medical Officer

Each facility, with the exception of those facilities considered part of the Northern California Youth Correctional Center (NCYCC), will have a Chief Medical Officer who will be the health authority for the facility that is the ultimate arbiter for clinical issues. (NCYCC will continue to have one Chief Medical Officer as the health authority.)

The CMO will report to the Medical Director, and all new hires will be required to be Board Certified or Board Eligible in Adolescent Medicine, Pediatrics, Internal Medicine, Emergency Medicine, or Family Practice. All CMO's will be Board Certified or Board Eligible within 24 months. The Chief Medical Officer will be responsible for monitoring the credentials and privilege status of all physicians on staff. Physicians without appropriate credentials or privileges shall not be permitted to work.

Physician/Nurse Practitioner

California law requires that only employed or contract physicians, nurse practitioner/physician assistants, dentists and others authorized by state law shall diagnose injuries and/or illnesses of youth. Treatment shall be within the provider's scope of practice. The CDCR DJJ will hire Board Certified or Board Eligible physicians in Adolescent Medicine, Pediatrics, Internal Medicine, Emergency Medicine, or Family Practice to manage the chronic illness programs and for managing youth in OHU units. (Note: Board Eligible physicians must become Board Certified within a specified amount of time from the date of hiring in order to remain employed by the CDCR at the discretion of the medical Director. Until Board Certified physicians are hired for each facility the current provider will manage chronic illness, utilizing CDCR DJJ policy and procedures regarding Chronic Illness and/or clinical guidelines published by NCHC or other organizations. Non-primary care physicians will be in-serviced on chronic care management by March 31, 2006. The management of chronic illness will be audited at least every six months, with appropriate corrective action plans developed and implemented as necessary. The Medical Director shall review physician scheduling practices and physician productivity and shall monitor physician work expectations. Physicians shall be required to document each medical contact and encounter in the youth's Unified Health Record. Chief Medical Officers shall take call, and provide direct patient care and consultation to the staff clinicians. Adequate physician staffing shall be available to meet the needs of youth with employee and contract physicians and off site services. Physician staffing was determined by an initial assessment performed by the Transition Team. This staffing arrangement will be subject to audit both internally and externally by Court Experts on an ongoing basis for its adequacy. The assessment will take into consideration the number of youth at a facility, the mission of the facility and the various medical services provided. Services provided include OHU care, CTC care, sick call, specialized medical services, chronic care, and the provision of intake services. Each of the above factors will be included in the determination of physician staffing for each facility. An additional consideration will be the availability of mid-level practitioners (nurse practitioners or physician assistants). These positions may be included in the staffing pattern for physicians, under certain circumstances. Under all circumstances there will be a primary care physician at every facility. When utilized, nurse practitioners or physician assistants report to a supervising physician.

NURSING SERVICES

Nursing Services shall be organized, staffed, and equipped to provide nursing care according to a facility's level of patient acuity. Nurses will be assigned based on their level of training:

- Registered Nurses will be utilized for functions that require nursing assessment.
- Licensed Vocational Nurses and Licensed Psychiatric Technicians will be utilized for nursing functions not requiring a nurse assessment or supervisory responsibilities.
- Nurse Aides may be utilized as permitted by state regulation.
- Medical Technical Assistants, where available, may respond to emergencies and deliver patient care within the scope of licensure. Medical Technical Assistants shall receive administrative and clinical supervision from a Supervising Registered Nurse and clinical direction from Registered Nurses or Physicians. Medical Technical Assistants primary responsibilities will be the performance of health care duties. Sufficient custody staff will be assigned to permit MTA's to fully carry out health care duties.
- The Supervising Registered Nurse shall be responsible for overall supervision of nursing services in a facility.
- All nursing staff shall practice within their scope of licensure, training, and experience.

The four major areas of nursing services in a centralized health care model shall include: medical reception evaluation, OHU, medication administration, and sick call. Description and minimum staff configuration for each area is as follows.

Medical Reception Evaluation

Written policy and procedures require that information about the availability of health care services is communicated orally and in writing to youth in a form and language they understand, within 24 hours of arrival at the facility. The medical reception evaluation will be conducted in the medical clinic in an adequately lighted and equipped room with immediate access to hand washing. The evaluation will be conducted with visual and auditory privacy. A licensed health care provider (registered nurse or licensed vocational nurse) shall conduct health screening on all youth upon their arrival at the facility. Health screening will consist of inquiry into:

- Current and past illnesses, health problems and conditions, including medical, mental, and communicable diseases
- Current medications
- Allergies
- Vaccination history
- Use of alcohol or other drugs
- Gynecological conditions

The nurse will refer any youth with an acute medical, mental health, or dental condition; or youth that are currently on prescribed medications to a nurse practitioner, physician assistant, or physician for evaluation. A physician, physician assistant, or nurse practitioner will complete a full health assessment within seven days of arrival.

At each facility where reception occurs, a registered nurse or higher will supervise the intake reception center process and evaluate patients who require a nursing assessment. Other functions (administration of medication, diagnostic testing such as tuberculin skin test, weight, etc., and other treatments such as dressing changes) can be performed by licensed vocational nurses or other ancillary staff as appropriate for their license.

At a minimum intake staffing, based on the appropriate level of staff necessary for the function (RN, LVN), shall be available one shift per day, five days a week or more frequently if intake occurs on weekends.

Outpatient Housing Unit

An OHU shall provide nursing services to youth with health conditions that do not require admission to a licensed health care facility. A youth shall be assigned to an OHU to receive nursing supervision of a medical condition that is not suitable for placement in a general population living unit. Written policy and procedures shall define the types of medical, dental, mental health, and nursing care that may be provided in an OHU setting and criteria for referral to a higher level of care (CTC or hospital). A manual of nursing procedures shall be maintained in the OHU at all times and updated as necessary.

Youth shall be admitted and released from the OHU upon the order of a physician or nurse practitioner, physician assistant, and licensed psychologist. When a youth is admitted to an OHU the physician, NP or PA or will communicate verbally and in writing all orders regarding the types and frequency of monitoring (e.g., vital signs, blood glucose measurements, etc.), therapeutic measures (medications, diet) and criteria for re-notifying the physician (change in clinical status). A physician or nurse practitioner/physician assistant will evaluate the youth no later than the next business day and conduct daily rounds Monday through Friday. The physician will document each assessment in the UHR. Physicians will document a plan of care upon the youth's release from the OHU.

The OHU is under the direct supervision of a registered nurse a minimum of eight hours daily, seven days per week. Licensed health care providers (registered nurses or licensed vocational nurses) are on duty 24 hours, seven days a week. A registered nurse or licensed vocational nurse shall assess patients each shift and document assessments in the UHR. Youth shall be within sight or sound of a licensed health care provider at all times. The nurse assigned to the OHU shall not respond to emergencies in the facility, unless relief is available. Nurses in the OHU may be assigned other duties, such as quality assurance activities.

Medication Administration

Nursing staff (registered nurses, licensed vocational nurses or licensed psychiatric technicians) shall administer prescribed medication unless state regulation permits pharmacy technicians or other licensed personnel to administer medication. Staffing for medication administration shall include at least one licensed health care provider for 16 hours, seven days a week.

Medications will be securely stored in medication rooms in the main medical clinic or in satellite clinics. Youth will be required to come to the medication room to receive medications. Nursing staff shall be required to positively identify each youth, administer the appropriate medication, and immediately document administration in the Medication Administration Record (MAR). In addition, nursing staff shall be expected to administer medication using direct observation therapy and document the administration of medication and observations or problems related to the medication in the youth's Unified Health Record.

Physicians, dentists, other prescribers, and nursing staff shall provide pertinent information regarding the medication to a youth. This includes the reason he or she is taking the medication, expected results, and possible side effects and adverse reactions. Information regarding medication shall be provided to the youth in private or at least with sound privacy. Nursing staff will provide appropriate instruction in the use of the medication that youth are permitted to keep-on-person (e.g., asthma inhalers).

Sick Call

At each facility, youth will have access to sick call shall five days a week. Sick call shall be conducted in an adequately lighted and equipped room with immediate access to hand washing either in the main medical clinic or satellite areas in segregated housing units. Sick call will be conducted with visual and auditory privacy. The UHR shall be present for all sick call encounters. The CDCR DJJ Director of Nursing and Medical Director shall oversee development of a nursing protocol manual and implementation of training for all registered nurses conducting clinical assessments. The Nursing Protocol Manual will be completed by October 1, 2006.

Registered nurses who have received health assessment and nursing protocol training will be assigned to conduct nursing sick call five days per week. A physician, physician assistant, or nurse practitioner shall also be available for sick call five days a week.

Youth shall be able to sign up for sick call seven days a week. Nursing or other designated staff shall ensure that adequate supplies of sick call request forms are maintained in the dormitories. Youth shall place sick call requests in a locked box or provide the request directly to a licensed health care provider. A licensed health care provider will collect sick call requests from the locked boxes daily. A registered nurse will triage the request forms daily to determine the nature and urgency of the request, and the appropriate disposition. Youth with an urgent condition shall receive a face-to-face evaluation by a registered nurse the same day, and refer to a physician in accordance with written nursing protocols. A registered nurse shall assess those patients with routine clinical problems within 24 hours or the next business day following a weekend or holiday. Nurses may provide treatment according to nursing protocols or schedule the youth for a physician appointment in a timeframe appropriate for the youth's clinical condition.

DENTAL SERVICES

Chief Dentists, dentists, and dental assistants shall provide dental services. A youth's first contact with a dentist shall be in a reception center and clinic. A youth will be brought to the dental clinic, where the dentist will complete an oral and dental examination within 14 days, provide instruction, and establish a dental plan for the patient. Radiographs are appropriately used in the development of the treatment plan. Oral treatment, not limited to extractions, is provided according to a treatment plan based upon a system for established priorities of care. Extractions are performed in a manner consistent with community standards of care and adhering to the American Dental Association's clinical guidelines. Consultation through referral to oral health care specialists is available as needed. For extensive routine dental work, patients may be transferred from the intake facility. Youth with emergency or urgent dental needs will be treated at the intake facility. Preventive (annual evaluation (not to exceed 14 months) and dental cleaning (if necessary) and dental hygiene instruction), general routine, and emergency dental care shall be available to youth. Each juvenile will have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual. Dental staff will adhere to the Centers for Disease Control and Prevention (CDC) Guidelines for Infection Control in Dental Health Care Settings 2003 (or subsequent updated versions).

Youth requests for dental services will be submitted through the sick call process and reviewed daily by a registered nurse who will make a determination regarding the urgency of the request in accordance with written protocols approved by the Chief Dentist. For any complaint that is determined to be urgent, the nurse will perform a face-to-face evaluation of the youth or make a direct same day referral. Routine dental requests will be forwarded directly to dental staff, and a dentist will triage the request and schedule the youth as clinically indicated.

PHARMACY SERVICES

Pharmacy services shall be responsible for procuring, compounding, dispensing, distributing, inventory, and storing medications, biological, and chemicals. Pharmacists will conduct a monthly structured assessment of all medication rooms and storage units. These audits will be delivered to the Pharmacy and Therapeutics Committee.

Pharmacy services will provide utilization reports on an interval basis that will include use of medications by name of drug, cost, and provider. The cost of pharmacy services will be separated by personnel cost, administrative cost, and medication cost in the report.

Pharmacy services shall provide medically necessary medications at all times, either onsite or by other arrangements. CDCR will make every effort to provide pharmacy services with appropriate staff, space, equipment, and supplies.

CDCR Health Care management shall continue to evaluate and determine the best method of providing pharmacy services for CDCR youth operations.

HEALTH RECORD TECHNICIAN

Only designated staff shall have access to the UHR and shall adhere to federal and state confidentiality and privacy laws and regulations and departmental policies and procedures. No information shall be divulged without clinical or correctional necessity. Day-to-day health record service staff shall maintain the confidentiality of the UHR by adhering to privacy laws, regulations, and departmental policies and procedures.

LABORATORY SERVICES

Clinical laboratory services shall be provided by contract. The contract service provider shall be required to maintain compliance with federal and state laws, and regulations related to services provided. The Transition Team will determine any additional facility staffing required to provide adequate lab services.

RADIOLOGICAL SERVICES

Timely radiological services shall be provided on-site or off-site. When radiological services can not be timely obtained on-site, the youth shall be sent off-site for necessary services as soon as is clinically necessary. The contract service providers shall be required to maintain compliance with federal and state laws and regulations related to services provided. Some CDCR facilities maintain radiology equipment, which is maintained by service contract. Records of services rendered shall be retained at the facilities. Radiology equipment will be appropriately located in secured areas to ensure safety of youth and staff. A contract radiologist shall review films and report his or her findings to the CDCR physician or Dentist. Youth housed in facilities without radiological equipment and resources shall be provided radiology services off site when needed. When radiological equipment is retained onsite, a person licensed to inspect radiological equipment as required by law shall inspect equipment.

HEALTH CARE STAFF ORIENTATION AND TRAINING

NEW HEALTH CARE STAFF ORIENTATION

Health Care Services staff, with input from the Chief Medical Officers and other appropriate field staff, shall assess the training needs of health care staff and plan, develop, coordinate, and implement appropriate orientation training for new health care staff. Training shall include departmental and facility policies and procedures related to safety and security, managing youth, and administrative responsibilities. Health Care Services written policies shall require that within 30 days of employment or re-employment, all new health services staff shall complete a formal orientation program regarding health care policies, equipment use, and any other policies of the facility pertinent to health care staff, including custody rules and regulations. In addition, staff will be trained regarding new policies and procedure within 60 days of initial distribution and whenever they are modified. Staff orientation and training will be documented in the personnel file of the staff member.

HEALTH CARE STAFF TRAINING

Each facility shall plan and conduct ongoing staff development for health care staff, based upon statewide policies and procedures and clinical guidelines. The ongoing staff development shall include a plan for the orientation of new health care staff, as well as periodic training needs assessment to ensure that relevant and necessary training is provided to health care staff.

Training shall be provided within 60 days of issuance of new and/or revised policies and procedures. Certain identified and mandated training shall be repeated annually or when required as a result of identified deficiencies. Mandated training shall be scheduled on a regular basis to allow staff to remain compliant. Training shall be conducted with structured lesson plans, policies and procedures, and appropriate guidelines and/or handbooks. Additionally, some training modules shall be supplied by organizations that certify the training and trainers. Trainers may be managers or supervisors, health education consultants, headquarters health care staff, and others knowledgeable in a subject matter or certified to provide specific training.

Nursing staff shall receive periodic training and competency verification (e.g., nursing protocols). The institutions' Supervising Registered Nurse shall maintain training and competency records in a Proof of Practice binder.

CONTINUING EDUCATION

To maintain licensure or certification, specific classifications require a specific number of continuing education credits within a stated time period. Reimbursement costs and time allowed to attend training are specified in the bargaining units' contracts. The bargaining units' contracts establish continuing medical education guidelines.

A system shall be established to track professional licensure, including drug enforcement agency and controlled substance licenses, at all CDCR facilities in which health care services are provided. Health care staff not possessing a current license shall not be allowed to work until a valid license is obtained. At the facility level, the Chief Medical Officer and Supervising Registered Nurse at each facility are responsible for monitoring licensure of all professional staff. Licensed health care staff shall be responsible for obtaining his or her required training and license. Central Office shall review and approve requests for Continuing Education training to ensure compliance with the goals set forth in the Health Care Services Delivery System.

MEDICAL EDUCATION TRAINING

Facility CMO's and health care services staff in consultation with Central Office shall conduct periodic training needs assessments. Medical education guidelines shall be developed based upon identified training needs. Health Care Services shall plan, develop, coordinate, and implement a variety of training programs. Priority for training shall be new and current policies and procedures. Training courses shall be evaluated and attendance records shall be maintained. All clinical health care staff will have at a minimum Basic Life Support (BLS) training annually and all physicians shall be required to maintain current Advanced Cardiac Life Support (ACLS) certification.

CREDENTIALING AND PRIVILEGING

Credentialing policies and procedures shall be revised to evaluate and verify the professional qualifications of individuals who apply for employment at the departmental facilities. The credentialing process will ensure that youth receive health care services from properly trained and qualified licensed practitioners.

PHYSICIAN CREDENTIALING

Physicians will be required to undergo credentialing and privileging as a requirement of employment. To be credentialed for practice in DJJ facilities, a physician will be required to have adequate training and experience, and appropriate character. The Team will also look into the possibility and propose an enhanced salary structure for board eligible and board certified physicians.

When physicians start employment, they can receive temporary privileges for a period of three months until their credentials are approved. Temporary privileges may be granted when the application is incomplete at the anticipated start date of work. The following mandatory requirements shall be met for temporary and full privileges to be granted:

- Verification of current license with no restrictions
- Verification of current DEA and controlled substance licenses
- An interview with the CDCR Medical Director
- A clear National Practitioners Databank (NPDB) report
- Verification that the applicant does not have a criminal record, or any mental health or physical health problem that in any way restricts the applicant's ability to practice
- A list of all malpractice actions brought against the applicant in the past five years with a description of each action and its outcome

Privileging is the process whereby the scope of patient care services are authorized for a health care practitioner based on the review of the credentials, past training, and past performance. Physicians will be privileged for work consistent with their level of training. Specifically, youth with chronic illness (asthma, diabetes, etc.) will be cared for by physicians trained and Board Eligible or Board Certified to treat primary care pediatric/adolescent medicine problems. Other privileges will be specific to the expected assignment of the practitioner.

Credentialing and Privileging will be the ultimate responsibility of the DJJ Medical Director. Appropriate staff shall be assigned to assist the Medical Director in assembling each credential packet and will perform primary verification of licenses and complete a NPDB search. The credential process will be initiated by completion of the practitioner application. This will include the following information:

- Copies of all licenses, Board Certifications, Drug Enforcement Administration Licenses, and Certificates of added competence

- Listing of CME activity for last three years that meets yearly minimum for state license
- Prior professional liability coverage and current professional liability coverage for contract practitioners not covered by the State of California
- Curriculum vitae
- Authorization for release of information regarding National Practitioners Databank, professional references and other information related to credentialing
- Personal information (address, phone numbers, etc.)
- ECFMG Certificate # as applicable
- Board Certification information
- Education
- Post-graduate training/Residency/Fellowship
- Statement of physical and mental health status
- Question on substance abuse or criminal record
- Previous hospital appointments (include prior loss of privileges)
- Academic appointments
- History of prior and current malpractice claims and judgments
- Society memberships
- References (3) (names, addresses and phone numbers)

RE-APPOINTMENT PHYSICIAN CREDENTIALING

Re-appointment with privileging will occur on a biennial basis. The facility Chief Medical Officer is responsible for reappointment for all licensed independent practitioners providing services at their unit who are not notifying a change in status or requesting a change in privileges. A copy of all credential files shall be maintained at each facility. The CDCR Medical Director will approve the reappointment and privileging of the Facility Chief Medical Officer and any re-appointment for any physician that contains changes (i.e., changes in status, or changes in requests for privileges).

For re-appointment of members of the medical staff requesting reappointment the following is required:

- Proof of current licensure DEA licensure, controlled substance license and any other requirements for practice as required by state regulation
- Primary verification of current license in good standing
- The licensed independent practitioner shall complete a request for Clinical Privileges appropriate for their assignment.

The Chief Medical Officer shall review the application for reappointment and clinical privileging, and approve and reappoint the licensed independent practitioner. If the Chief Medical Officer has a concern, or if the application indicates a change in status or the level of privilege requested, the application shall be forwarded to the Medical Director with a recommendation from the facility Chief Medical Officer.

NURSING CREDENTIALING

At the time of hiring, the Supervising Registered Nurse shall ensure that applicants have a valid license to practice nursing in the State of California. In addition, the Supervising Nurse shall determine whether the applicant has any license restrictions, and if so, the applicant will be required to produce documentation regarding the restrictions and any requirements of the Board of Nursing to practice. The Supervising Registered Nurse shall inform the CDCR DJJ Director of Nursing and the Chief Medical Officer of any nurse licensure restrictions prior to offering the applicant a position. The CDCR DJJ Director of Nursing has final authority regarding the hiring of nurses with restricted licenses. The Supervising Nurse shall be responsible for ensuring that nurses with restricted licenses meet all Board of Nursing requirements. In addition, the Supervising Nurse will maintain a tracking system for nursing licensure and ensure that all nurses have a valid license. A nurse will not be permitted to practice nursing at any CDCR facility without a valid license.

PHARMACY STAFF CREDENTIALING

The institutional Chief Medical Officer shall ensure that all pharmacist applicants have a valid pharmacy license. If the desired applicant has a restricted license, the Chief Medical Officer shall notify the CDCR DJJ Pharmacy Manager who will have final authority regarding the hiring of pharmacists with restricted licenses.

OTHER PROFESSIONAL STAFF CREDENTIALING

The institutional CMO shall ensure that all other professional staff has current, valid licenses at the time of hiring and thereafter as required by the respective state boards or regulatory agencies. The Medical Director and Standards Compliance Coordinator shall monitor health care staff licensure during periodic site visits.

MONITORING PROFESSIONAL STAFF AND PEER REVIEW

The DJJ Medical Director shall be responsible for monitoring the clinical performance of physicians statewide, both for physical health and psychiatry. When there is more than one physician at a facility, the Chief Medical Officer at that facility shall be responsible for monitoring clinical performance of additional physicians. The DJJ Medical Director will be responsible for ensuring that there is a peer review process for Chief Medical Officers and psychiatrists.

Peer review will include the regular monitoring of chronic illness care and routine episodic care. Chronic illness management will be reviewed in a structured format as developed by the Standards and Compliance Coordinator and approved by the Medical Director. Peer review will also occur for physicians who are identified with quality of care problems. The Medical Director will organize peer review. The Transition Team will develop the policy and procedure for peer review.

All deaths shall be reviewed in a structured format as identified in policy developed by the Transition Team. The Medical Director is responsible for directing death reviews.

All hospitalizations will be considered sentinel events and will be reviewed for quality with a report submitted monthly to the Medical Director (within 30 days of the end of the month).

The Chief Medical Officer will review all emergency room visits at a facility monthly. A brief monthly report will be made to the Quality Management Committee (described in the section on "Quality Management and Peer Review" in this document), which is copied to the Medical Director. This review will include identification of any preventable problems with recommendations for corrective action.

If the quality of physician services for deaths, hospitalizations, or emergency room visits are identified as suspect or inadequate, the case will be referred to the Medical Director for peer review. Any care, in any area, that is suspect for poor clinical quality can be referred for peer review as well.

MAINTAINING JOB DESCRIPTIONS

An important component to effective oversight and coordination of health care services shall include standard job descriptions for health care staff. The Statewide Medical, Nursing and Pharmacy Directors and Health Care Administrator shall develop standardized job descriptions for each health care position. Each institutional supervisor shall ensure that post orders and local job descriptions are consistent with the statewide job description. The supervisor and employee will review and revise individual job descriptions a minimum of annually and it will be signed by both the employee and his or her supervisor. Each job description's master shall be filed in the Central Office of the Health Care Service Division. The Health Care Administrator shall maintain the master job descriptions of health care post orders. Job descriptions and post orders shall correspond to budgeted positions.

Each facility shall develop a staff distribution chart to account for each post and for each individual. The distribution chart shall contain specific position numbers, lengths of shift, full-time or part-time status, and other pertinent data helpful in providing optimum coverage.

ACCESS TO CARE

The Health Care Services Delivery System shall be a centralized health care delivery model, which shall require that all health care services be delivered in a central medical clinic or satellite clinic. Centralization of the Health Care Services Delivery System shall support the continuum of care for youth, prevent delays in providing necessary health care, and best utilize staff resources. Health care services shall not be delivered on living units, except for the specialized program living units and as required in specific emergencies. Centralization of services shall be standard department-wide with the exception of the Special Management Programs. Youth with chronic illnesses are few in number at this time and shall not be consolidated in a central location. A pediatrician skilled in providing chronic illness care will follow youth that have a chronic illness at the facility where he or she is housed on a regular basis.

At each facility, the Health Care Services Delivery System provides all facets of general health care through the direction of the Chief Medical Officer, who shall be a licensed physician. The basic components of service delivery include general medicine, dentistry, mental health, and ancillary services, e.g., pharmacy, radiology, laboratory, and health records. Diagnostic services shall be available by contract, unless properly maintained equipment is available. A dentist and a psychiatrist, under the direction of the Chief Medical Officer, shall manage dental and mental health services, respectively. Health care services shall be delivered in settings that are properly equipped to address a youth's health care needs and maintain adequate privacy. In addition, facilities shall operate OHUs for minor convalescent needs of youth, and licensed inpatient needs are provided through contracts with hospitals and other health care providers. A licensed correctional treatment center (CTC) and an intermediate care facility, operated by the Department of Mental Health, are also available. Contract specialty consultations will be available on a regularly scheduled basis and when needed.

The centralized health care services described in this section include the following:

- Nursing Receiving Health Screening
- Medical Reception Evaluation
- Sick Call
- Outpatient Housing Unit
- Chronic Illness
- Prevention Services/Health Promotion
- Hospital Care and Specialty Services
- Emergency Response
- Intrasystem Transfer
- Dental Services
- Medical Records

NURSING RECEIVING HEALTH SCREENING/MEDICAL RECEPTION EVALUATION

The Nursing Receiving Health Screening performed at the reception center and clinic shall be completed on the day of arrival. The process will be guided by standard policies and procedures adopted from national standards to ensure that active medical, dental, mental health and communicable disease conditions are known and addressed at the time of arrival. During Nursing Receiving Health Screening, a registered or licensed vocational nurse shall screen the youth in a confidential setting using a standard set of questions in a form and language understood by the youth, to include significant current and past illnesses, chronic health conditions or special health requirements. The nurse will observe for the following:

- Appearance (e.g., sweating, tremors, anxious, disheveled);
- Behavior (e.g., disorderly, appropriate, insensible);
- State of consciousness (alert, responsive, lethargic);
- Ease of movement (e.g., body deformities, gait);
- Breathing (e.g., persistent cough, difficulty breathing, hyperventilation); and
- Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks indicative of drug abuse).

The nurse will also inquire about:

- Current and past illnesses, chronic health conditions, or special health requirements (e.g., dietary needs);
- Current medications;
- Past serious infectious diseases (e.g. tuberculosis, HIV);
- Symptom screening for tuberculosis symptoms (e.g., chronic cough, night sweats, weight loss, fever);
- Past or current mental illness, including hospitalizations;
- History of, or current suicidal ideation;
- Dental problems (pain or facial swelling);
- Allergies (medications, insect stings);
- Legal and illegal drug use (including most recent use);
- Drug withdrawal symptoms;
- Current or recent pregnancy; and
- Other health problems as designated by the responsible physician.

The nurse will refer youths with acute or chronic health conditions, or who are taking prescription medications to a nurse practitioner or physician for evaluation and renewal of essential medications. If the intake occurs after hours, the on-call physician will be contacted for instructions, and will evaluate the youth the following business day. The nurse will verify currently prescribed medication by review of medical information received from the sending county agency, as well as from the youth's interview. The nurse will coordinate the reordering of medications within 8 hours and medication administration within 24 hours of arrival.

The youth's Unified Health Record (UHR) shall be initiated at the time of the youth's arrival to the reception center and clinic. A newly committed youth shall receive a complete history and physical examination by a physician or nurse practitioner/physician assistant within seven days of arrival.

Parole violators shall be subject to the same examination process as that of a new admission. Each youth shall receive a written orientation package within 24 hours of arrival, which shall describe the facility's health program and the process for requesting health care while incarcerated.

The Medical Reception Evaluation process shall be completed in 7 days and include:

1. Within 24 hours of arrival, a registered nurse will obtain the following information from the youth (including parole revocators) and document on the designated form :
 - a. Height and weight
 - b. Vital signs (blood pressure, pulse, respiration and temperature);
 - c. Visual acuity. For youth wearing corrective lens, visual acuity will be measured corrected and uncorrected;
2. The nurse will administer a Mantoux tuberculin skin testing within 24 hours of arriving at the reception center and clinic to be read within 48 to 72 hours. Youth who arrive without documentation of a previously positive TB skin test and whose test results cannot be verified will be skin tested.
3. The nurse will refer youth with a reported history of a previously positive TB skin test to the infection control nurse, who will contact the facility where the youth was tested to confirm TB skin test and chest x-ray results, and receipt of prophylaxis, if applicable, unless documented as having been appropriately done on the transfer summary. Youth who have not completed an adequate course of prophylaxis will be offered therapy.
4. A chest x-ray will be obtained within 72 hours for all youth with:
 - a. a positive symptom review regardless of TB skin test results;
 - b. a newly positive TB skin test;
 - c. a history of a positive TB skin test and have neither documentation of a completed course of prophylaxis nor are on active prophylaxis treatment.

5. The nurse will review and document the youth's immunization history. The nurse will update immunizations as necessary, ordered by the physician in accordance with Centers for Disease Control and Prevention (CDC) 2005 Childhood and Adolescent Immunization Schedule;
6. Within 72 hours of arrival, the nurse will obtain the following laboratory tests:
 - a. A serologic test for syphilis with confirmatory testing if positive;
 - b. Urine screen using a Nucleic Acid Amplification test for gonorrhea and chlamydia (males and females);
 - c. Urine pregnancy screen for females;
 - d. HIV antibody testing (with informed consent). The nurse will have the youth sign a consent form following pre-test counseling;
 - e. Disease specific tests in accordance with chronic care guidelines (e.g., capillary glucose testing for diabetics, peak flow meter reading for asthmatics).
7. Within 7 days of arrival a nurse practitioner, physician assistant or physician will perform a complete history and physical examination to include the following:
 - a. Review of previously collected information, including the Receiving Health Screen, vaccination history; vital signs, and height & weight;
 - b. The clinician will calculate the youth's Body Mass Index (BMI);
 - c. Review of current symptoms;
 - d. Review of current medications;
 - e. Review of available laboratory test results, including tuberculin skin testing and sexually transmitted diseases;
 - f. Perform a physical examination including Tanner staging and testicular exam for males;
 - g. At a minimum, perform a breast and pelvic examination with Papanicolaou test for all females age 21 and above or 3 years following initiation of intercourse, with other testing as clinically indicated (e.g., wet mount or tests for bacterial vaginosis). At a minimum an examination of the introitus will be performed and bimanual examination as indicated;

- h. Perform additional diagnostic testing identified as clinically indicated and /or appropriate for the age and gender as recommended by the AMA Guidelines for Adolescent Preventive Services (GAPS).
 - i. Order necessary vaccinations.
8. The nurse practitioner, physician assistant or physician will sign and date review of the laboratory tests and Receiving Screening and Medical History forms.
 9. The nurse practitioner, physician assistant or physician will identify health problems and develop a written plan of care that includes education and counseling regarding health risks. Counseling topics should include:
 - a. Information regarding identified health problems; and
 - b. Chronic illness(es);
 - c. Risks of tobacco use/tobacco cessation;
 10. The nurse practitioner, physician assistant or physician will document significant health problems on the Problem List. Significant health problems include known chronic illnesses, abnormal laboratory or physical findings requiring further medical evaluation.
 11. If sexually transmitted disease test results are not available prior to the physical examination and are negative, a registered nurse will discuss the lab test results with the youth. Youth with positive sexually transmitted infection test results will be seen by a physician/nurse practitioner/physician assistant for further evaluation and treatment..
 12. Youth with chronic illnesses will be enrolled in the chronic care program and evaluated by a physician within 30 days of arrival.

Ideally, the physical examination will be scheduled after laboratory tests have been obtained and results filed in the health record that will permit the clinician to comprehensively educate the youth regarding test results and the plan of care.

The physician or nurse practitioner/physician assistant will complete the Problem List and document the plan of care in the UHR. The clinician will monitor the patient as clinically indicated until transfer to a permanent facility.

SICK CALL

Youth can request access to the various components of the Health Care Services Delivery System by submitting a standard request that describes the nature of his or her need. A designated registered nurse or other licensed health care provider shall collect standard requests daily throughout a facility. A registered nurse shall separate the requests based on their nature, e.g., administrative, dental, medication renewal, medical, and mental health, and triage requests according to their urgency in accordance with written protocols developed and approved by the DJJ Statewide Nursing and Medical Directors. For any complaint determined to be urgent, the nurse will perform a same day face-to-face evaluation of the youth, or make a direct same day referral to a physician, nurse practitioner or physician assistant. When in doubt regarding the urgency of a health request, the registered nurse will consult with a physician or other appropriate provider (dentist, mental health professional, etc). Pursuant to the physician's or registered nurses' direction, a youth is either seen that day (condition considered urgent) or is scheduled for sick call. Sick call shall be held five days a week, excluding holidays and weekends, at all facilities. The UHR shall be available and present for scheduled sick call examinations.

A health care service request shall be available to youth in the living units, clinics, and reception areas. A health care service request is confidential and shall be completed by the youth and used by health care staff to assess priority, document nursing triage, and schedule appropriate referral.

- Each facility shall have at least one locked box on each yard and living unit or facility designated for depositing the sick call request by the youth.
- When a youth is unable to complete the sick call request, health care staff shall complete the request on behalf of the youth. If health care staff is unavailable, the youth's living unit staff may make a request on behalf of the youth. The staff person completing the request shall document the complaint and reason the youth did not personally complete the request. Health care staff shall sign and date the request.
- DJJ Health Care Services shall ensure that each facility has translation services (including sign language) available to youth, when necessary, via bilingual health care staff or a certified interpretation service (e.g., AT&T Translation Services) when bilingual health care staff is unavailable.
- Each youth scheduled for primary health care services shall be seen for his/her scheduled appointment in the clinic. Primary health care services shall be available at least eight hours per day, Monday through Friday, excluding holidays.
- The clinic nurse shall make arrangements with the custody unit supervisor to have the youth with urgent and emergent requests escorted to the clinic for evaluation or issued a priority health care notice to report to the clinic. If a youth is unable to walk, arrangements shall be made to have the youth transported to the clinic as appropriate.
- During a facility lockdown, the clinic registered nurse and medical technical assistant staff shall coordinate with custody staff to facilitate continuity of care. Custody staff shall escort youth to scheduled clinic appointments; lock down shall not prevent the completion of scheduled medical appointments.

- All youth exposed to mace will receive medical treatment as soon as possible after the incident requiring the use of mace. Follow-up care will be provided as clinically indicated. The youth shall be requested to shower immediately after the exposure and evaluated clinically to determine if additional treatment is necessary. All mace incidents shall be logged and reported to the DJJ Medical Director in the Quality Improvement reports.

In cooperation with the DJJ Medical Director, the Director of Nursing, and Chief Psychiatrist shall develop and monitor implementation of policies and procedures to ensure unimpeded access to care and compliance with National Commission on Correctional Health Care (NCCCHC) standards. Youth shall have unimpeded access to medical, mental health and dental care, as well as 24-hours a day and seven days a week access to emergency care, regardless of the disciplinary status of the facility or any shortage of personnel.

OUTPATIENT HOUSING UNIT (OHU)

The Outpatient Housing Unit (OHU) provides medical and nursing care for youth in need of care for an illness or diagnosis that necessitates daily medication and/or therapy, assistance with activities of daily living, or other supervised health care on a daily basis. Written policy and procedures shall define the types of medical, dental, mental health, and nursing care that may be provided in an OHU setting and criteria for referral to a higher level of care (CTC or hospital). A manual of nursing procedures shall be maintained in the OHU at all times and updated as necessary.

Youth shall be admitted and released from the OHU upon the order of a physician, nurse practitioner, or physician assistant. When a youth is admitted to an OHU the physician, NP or PA will communicate verbally and in writing all orders regarding the types and frequency of monitoring (e.g., vital signs, blood glucose measurements, etc.), therapeutic measures (medications, diet) and criteria for re-notifying the physician (change in clinical status). A physician, nurse practitioner or physician assistant will evaluate the youth no later than the next business day and conduct daily rounds Monday through Friday. A physician will be available via telephone or pager 24 hours per day. The need to see youth on non-working days will be decided upon by the on call clinician dependent on the clinical state of the youth. The physician will document each assessment in the UHR. A physician will document a plan of care upon the youth's release from the OHU.

The OHU is under the supervision of a registered nurse a minimum of eight hours daily, seven days per week. Licensed health care providers (registered nurses or licensed vocational nurses) are on duty 24 hours, seven days a week. A registered nurse or licensed vocational nurse shall assess patients each shift and document assessments in the UHR. Youth shall be within sight or sound of a licensed health care provider at all times. The nurse assigned to the OHU shall not respond to emergencies in the facility, unless qualified relief is available. Nurses in the OHU may be assigned other duties, such as quality assurance activities.

Each Chief Medical Officer shall be responsible for the overall operation of the OHU. The Medical Director shall ensure that appropriate policies and procedures regarding care in an OHU are in compliance with National Commission on Correctional Health Care standards.

CHRONIC ILLNESS

Diagnosis and treatment of youth with chronic illnesses shall be managed by standard policies and procedures developed from national standards to assure continuity of care and a mechanism for providing treatment for chronic illness. The purpose of establishing policies and procedures is to provide a standard approach for health care professionals to screen, identify, and monitor youth with chronic illness and to initiate appropriate therapeutic regimens that will promote health. The policies shall define chronic illness and provide program definitions, roles and responsibilities of each health care provider. Youth identified with chronic disease, either during medical reception or during the course of incarceration, shall be monitored by a systemic process. To ensure that a standard manner of treating youth with chronic illness is in place and commensurate with community and national standards, Health Care Services shall provide a system so that youth with chronic illnesses receive medically necessary health care services. A physician with skill and expertise in the diagnosed chronic illness shall see a youth whose disease process is well controlled at least quarterly, and see youth whose disease process is not well controlled at least monthly to assess disease activity and adequacy of management. Treatment outcomes shall be assessed and evaluated by a physician using standard guidelines that are benchmarked against national standards when available.

The CDCR DJJ shall recruit and hire physicians trained in a primary care specialty to provide chronic illness care. This will consist of a physician Board Certified or Eligible in Internal Medicine, Emergency Medicine, Pediatrics, Adolescent Medicine or Family Practice. Outside specialists and contract providers shall be utilized when needed. Each facility shall designate clinic hours so that youth can be seen routinely and treated for chronic diseases by a trained departmental physician or by an appropriate specialist in the community. Peer review and monitoring processes assessing the efficacy of chronic illness care shall be established. Aggregate data regarding the overall conditions of youth with chronic illness will be collected and analyzed on a regular basis as part of the Quality Management program and forwarded to the Quality Management unit in the Health Care Services.

IDENTIFICATION AND ENROLLMENT

The principal means by which youth shall be referred to a chronic care program include medical reception for new arrivals, physician or nurse practitioner/physician assistant referral, and medication review. These means are described below:

INTAKE EVALUATION

Initial health care evaluations of youth who have a chronic illness shall include a complete history and physical examination by a physician, or nurse practitioner/physician assistant within the scope of his or her licensure under the supervision of the physician, focusing on important historical information, physical findings, and diagnostic studies specific chronic illness.

When a youth has had medical evaluation prior to incarceration that would be beneficial in his or her assessment and treatment, the youth (or parents if under 18) shall be asked to sign a release of information in order to obtain the health information from the treating facility or provider.

CHRONIC CARE VISITS

A physician, nurse practitioner/physician assistant shall conduct the chronic care visit. If nurse practitioner/physician assistant conduct clinic visits, the supervising physician will perform interval review of the nurse practitioner's records.

At each visit, the primary care provider shall obtain an interval history that focuses on the subjective condition from the date of the last visit to the date of the current visit, review the current medications, complaints or problems, and assess compliance with the chronic care program. The primary care provider shall review the results of diagnostic studies and reports from specialty referrals.

The primary care provider shall perform a focused physical examination in accordance with the specified requirements for each chronic care program.

At each interval visit, the primary care provider shall assess the degree of control and clinical status of each chronic disease as based on established adolescent clinical guidelines (if such guidelines exist) and shall record the treatment plan in the youth's UHR.

Chronic care visits will be performed a minimum of quarterly for youth whose disease is active and well-controlled and at least monthly (or more frequently if clinically indicated) for youth whose disease is poorly controlled. For youth seen less than every 3 months, the physician will document a note in the UHR explaining the clinical rationale for less frequent visits. At a minimum, a clinician will see all youth with chronic illnesses no less than 6 months (plus or minus 30 days).

CHRONIC CARE MEDICATIONS

- Medications shall generally be selected from the departmental formulary.
- Medications shall be ordered for an initial period not to exceed 120 days.
- When a non-formulary medication is medically necessary the chronic care primary care provider shall complete a non-formulary drug request and forward it to the Chief Medical Officer for approval.

HEALTH CARE EDUCATION

Health care staff shall provide information to youth at each visit based on need to improve outcome. A youth's need for health care education shall be assessed for:

- A newly diagnosed chronic illness.
- Importance of compliance with treatment of an existing chronic illness.

- Non-compliance with nutritional recommendations and/or medications.
- Diagnostic studies, special procedures, and other health care related issues.
- Review of the importance of proper nutrition, exercise, smoking cessation, and medication compliance.
- Motivational interviewing techniques will be used when attempting to foster behavioral change.

DISCHARGE FROM THE CHRONIC CARE PROGRAM

A chronic care program physician's order shall be written to discharge the youth from a chronic care program. A youth shall be discharged from a chronic care program for:

- Not requiring pharmacological intervention, nutritional counseling, or ongoing monitoring for at least six months and for who discharge from the chronic care program poses little, if any risk.
- Being released from custody. Discharge planning shall include providing the youth with a thirty-day supply of necessary medications. The youth shall be counseled regarding the need for follow-up health care in the community. A discharge summary will be provided to the youth or their parents at the time of discharge. The summary will include directions for contacting the CDCR facility from which the youth was released so that a follow up health care provider can contact the CDCR treating physician for additional information.
- Youth who refuse therapy and monitoring for their chronic illness after being diagnosed and advised of the treatment options, the risks and benefits of therapy, and the health consequences of foregoing therapy will continue to be scheduled at intervals to assess their continued refusal of care. A refusal of treatment shall be completed and documented in the youth's UHR. Within 24 hours, the Chief Medical Officer shall notify the parents/guardian of a youth less than 18 years of age of refusals of care.

PREVENTIVE SERVICES/HEALTH PROMOTION

In collaboration with medical, dental, mental health, and custody staff, the CDCR DJJ shall provide preventive health care services to the youth population based on the American Medical Association's *Guidelines for Adolescent Preventive Services* and the *U.S. Preventive Services Task Force*. Programs to address health promotion and preventive health care shall assist a youth to manage his or her health care needs while housed in the CDCR and after release from CDCR.

Preventive services include lifestyle changes, screening for disease and mental health conditions, immunizations, and health education or counseling. The following are the minimum preventive clinical services that shall be practiced at each CDCR facility. Additional services may be appropriate for certain high-risk groups and may be required under other departmental policies and procedures and programs. Motivational interviewing techniques will be used.

SCREENING AND PREVENTION

- At a minimum, perform a breast and pelvic examination with Papanicolaou test for all females age 21 and above or 3 years following initiation of intercourse, with other testing as clinically indicated (e.g., wet mount or tests for bacterial vaginosis). At a minimum an examination of the introitus will be performed and bimanual examination as clinically indicated;
- Pregnancy screening for females, upon arrival and as clinically indicated.
- Sexually transmitted disease screening upon arrival and as clinically indicated.
- Decreased risk behavior, including counseling regarding safer sexual habits and options for birth control.
- Annual tuberculin skin test, unless previously positive.
- Yearly weight and blood pressure testing as part of periodic health assessment.
- For motivated youth, assistance in weight loss.

IMMUNIZATIONS

- Hepatitis A and B for youth under 18 years of age.
- Hepatitis B vaccines for youth 18 years of age and older.
- Annual influenza vaccine for youth diagnosed with chronic disorders such as cardiac or pulmonary disorders (including asthma), diabetes mellitus, hemoglobinopathy, renal dysfunction, or immunosuppression. Consideration will be given to immunizing all youth if vaccine is available in order to prevent outbreaks of influenza within CDCR facilities.
- Pneumococcal vaccine for youth diagnosed with chronic cardiac or pulmonary disease (including asthma), diabetes mellitus, hemoglobinopathy, or anatomic asplenia if not already accomplished.
- Tetanus-diphtheria boosters if not received within ten years or if injured and not received within previous five years.
- Other immunizations that may be indicated based upon age and medical history, the National Immunization Coalition and California's Department of Health Services, Immunization Division.

HEALTH EDUCATION MALE AND FEMALE, BASED ON MOTIVATIONAL INTERVIEWING

- During chronic care visits provide counseling regarding specific disease and management including diet and exercise.

- During routine clinic appointments provide health care information as may be appropriate. The information may include healthy lifestyle habits such as rationale, epidemiology, screening, and evaluation for infectious diseases; avoidance of substance abuse and the rationale; sleep habits to correct insomnia; hygienic practices; and topics appropriate to the clinical situation.
- Following referral to health providers for medical, mental health, spiritual, or dental follow-up for concerns.
- Following referral to community groups such as Narcotics Anonymous and Planned Parenthood when discussing future plans. The local public health officer in the county of the planned release would be helpful for information on specific available services.

As additional scientific evidence becomes available, preventive services may be modified, expanded, and revised.

HOSPITAL CARE AND SPECIALTY SERVICES

All youth shall have access to timely specialty care as indicated for their medical condition. Routine specialty care will be ordered by a physician and may be subject to utilization review. Routine consultation services will be completed within 90 days unless clinical indications require that the services are performed sooner. If the routinely requested consultation services are not available within the required time frames, the physician will evaluate the patient no less than every 30 days and document a note in the UHR that further delay will not place the youth at risk of deterioration. If further delay would place the youth a risk of harm, the physician will take all reasonable measures to obtain the services, including if necessary contacting the DJJ Medical Director for assistance.

Emergent and urgent referrals will not be subject to utilization review. Urgent consultation services will be performed within ten calendar days unless the youth's clinical condition requires that it be performed sooner.

If the urgently requested consultation services are not available within the required time frames, the physician will evaluate the patient no less than every 10 days and document a note in the UHR that further delay will not place the youth at risk of deterioration. If further delay would place the youth a risk of harm, the physician will take all reasonable measures to obtain the services, including if necessary contacting the DJJ Medical Director for assistance.

At the facility level, the ultimate decision regarding specialty consultation will be the Chief Medical Officer. At the statewide level the final arbiter is the DJJ Medical Director. Statistics on the timeliness of specialty consultation requests will be subject to audit. Physicians will meet with youth timely following specialty services appointments to discuss findings and recommendations and assess the youth understanding and willingness to participate in the plan of care. Physicians will clinically monitor youth to determine whether desired clinical outcome has been achieved, and amend the plan of care as necessary.

Youth will have access to necessary routine and emergent hospital care. There will be no utilization impediment to physician referral for emergent hospital care. Elective hospital care may be subject to utilization review. Retrospective review of hospital and emergency care shall be done especially for those conditions identified in the Preventive Quality Indicators of the AHRQ as well as epilepsy and any other potentially preventable off-site event. The final arbiter of necessity shall be the DJJ Medical Director.

INTRASYSTEM TRANSFER

The purpose of the intrasystem transfer process is to ensure continuity of health care as the youth transfers from facility to facility within the CDCR. Problems associated with intrasystem transfer involve failure to identify youth medical problems and refer in a timely manner. The CDCR shall develop a policy and procedure including a standard form to be used to transfer a youth from one facility to another. The form shall be completed by a licensed health care provider prior to transfer and filed in the UHR. The form may also be forwarded to the receiving facility prior to the youth's arrival. Nursing and custody staffs will ensure that the UHR shall be secured and accompany the youth at the time of transfer and the system will ensure that the youth has continuity of medication upon transfer.

Upon arrival, a nurse shall interview the youth and review the UHR for the presence of acute and chronic medical or mental health conditions, current medications, pending or recently completed consultations and any other health condition requiring follow-up or special housing. The nurse shall refer youth with acute medical problems or requiring medication renewal to a physician on the same day. Nurses shall put youth with a chronic medical condition on the chronic illness list, and refer to the physician within 3 business days for evaluation and enrollment into the chronic care program. At the reception center and clinic when the youth has a condition that requires specialty care, the youth shall be held at the reception center and clinic until he or she can be transferred where clinically necessary care can be provided. The pharmacist at the receiving facility will query the CIPS system to get a list of current medications, if any.

- The UHR and transfer envelope shall accompany each youth when transferring from facility to facility; the CDCR's transportation staff shall not accept a youth for transfer without the UHR and transfer envelope.
- The transfer form shall be used to communicate health care information to facilitate access to and continuity of care for youth. The transfer form shall be filed in the UHR prior to transfer.

EMERGENCY RESPONSE

Youth shall receive emergency medical care in the event of a life-threatening situation that demands immediate medical, dental or mental health intervention. The Transition Team shall develop policies and an auditing process that address the following:

- Orientation and training of staff regarding emergency care equipment and procedures, including emergency drills

- Standardization and maintenance of emergency equipment, supplies and drugs at each facility. Equipment shall include at least one automated external defibrillator (AED).
- Telephone response by the on-call physician, mental health and dental staff
- Use of local emergency services and hospitals for medical emergencies
- Security procedures for immediate transfer of patients for emergency care
- Notification to the person legally responsible for the facility
- Management of youth who have a self-declared emergency

Youth requiring emergency medical care shall not be moved from the scene of the emergency until stabilized for transport by a registered nurse or paramedic. When moving a youth prevents further injury from an environmental hazard or other persons, he or she shall be moved. Upon arrival at the scene, the registered nurse shall determine whether or not the area is controlled by custody staff and then shall initiate emergency medical care. The registered nurse shall make the following determinations:

- Number of patients
- Nature of injury or illness of each patient
- Need for additional health care staff assistance

When a youth appears to the custody staff to be in danger of impending death (for example, collapse with difficulty breathing or pulselessness, head injury rendering the youth unconscious, open head wounds, arterial bleeding), custody staff shall initiate first aid measures (including CPR when applicable); and immediately call 911 for paramedic assistance and for transport to an emergency facility.

Immediate action shall be taken by the registered nurse to correct an obstruction in the airway, breathing, or circulation and shall initiate cardiopulmonary resuscitation and/or control of bleeding, when necessary. When initial emergency measures are completed, the registered nurse shall determine appropriate transportation for the youth to the medical clinic and:

- When the physician is present in the medical clinic, he or she shall determine whether treatment shall be continued at the medical clinic or satellite or warrants transportation to an off-site emergency facility.
- When the physician is not present in the medical clinic, the registered nurse shall notify the Chief Medical Officer of the injury and condition of the youth, so that he or she can determine whether or not the youth's condition warrants transporting him or her to an off-site emergency facility. When the determination is to transport the youth to an off-site emergency facility, the physician will advise the registered nurse of the type of transport necessary depending on the nature and severity of the emergency. The registered nurse shall contact the off-site emergency facility to inform its staff of the youth's condition and to provide the estimated time of arrival. The Watch Commander shall ensure that the escort vehicles and staff are immediately available for transporting the youth.

- For cardiac arrests or other life-threatening event the nurse or any other staff will activate a 911 call and initiate emergency procedures without waiting to contact a physician.

Initial training of health care staff and appropriate custody staff of the medical emergency response procedures shall be conducted and repeated at least annually and when new staff is assigned. Also, cardiopulmonary resuscitation training and universal precaution training shall be key elements in the facility in-service training block program. American Heart Association or the American Red Cross certified trainers shall provide cardiopulmonary certification training to health care staff.

The Chief Medical Officer, Superintendent and the Quality Management Committee (QMC) shall review emergency responses within 30 days. Compliance with policies and procedures, outcome of the response, and needs/areas for improvement shall be reviewed. Meeting minutes shall be taken of the meetings and additional training shall be conducted when appropriate. Policies and procedures may be revised based upon the results of review.

Quarterly medical emergency response training and drills shall be conducted to provide health care staff and custody staff continued training and review of emergency medical response procedures. Drills shall be conducted on various shifts and conditions during the course of a year to allow for a broad based experience. The types of drills selected shall be based upon commonly occurring or life-threatening scenarios. (e.g., difficulty breathing, uncontrolled bleeding, unconsciousness, attempted hanging, etc.). The Quality Management Committee shall evaluate the drills. Additional training may be conducted based upon the results of the evaluation. Real emergencies may substitute for a planned drill if an immediate written assessment of the emergency response is conducted and used to educate staff regarding opportunities for improvement.

EMERGENCY STAFFING

At least one registered nurse shall be available on site at each facility 24 hours a day, seven days a week for emergency health care. During the time in which a physician is not at the facility, the highest priority for the registered nurse shall be emergency care. A physician shall be available via telephone or pager 24 hours a day, seven days a week to provide consultation and on site care as necessary.

The QMC shall ensure that medically necessary care is provided to youth, that accurate documentation of the event is recorded, and that response of staff is appropriate.

The Superintendent and Chief Medical Officer at each facility shall establish an Emergency Response Review process and review each incident, including:

- Deaths (e.g., homicides, suicides, accidental, and unexpected).
- Suicide attempts (found in the act of).
- Use of ambulance.

FACILITY HEALTH CARE SERVICES REVIEW

The Chief Medical Officer or designee shall review the following documents of each event:

- Emergency Medical Response Evaluation
- Emergency Care Flow Sheet
- Unusual Occurrence
- UHR relevant to the youth's health condition and treatment prior to the event.
- Incident Reports (including each applicable supplemental report and attachments)
- Initial Youth Suicide Report, when available
- Coroner's autopsy report, when available
- Death Report

The Chief Medical Officer or designee shall prepare a monthly report of the above items for the Quality Management Committee. Confidential health information documents relevant to the event's review such as the UHR shall be available for reference to health care staff at the meeting when required.

DENTAL SERVICES

Dental Service staff shall include Chief Dentists, dentists, and dental assistants. A youth's first contact with a dentist shall be at the reception center and clinic. A youth shall be brought to the dental clinic, and the dentist shall perform an examination, provide instruction, and restore teeth when needed. Emergency dental care shall be available to youth 24 hours, seven days a week.

Daily, each dentist shall complete a Dental Services Report. The Transition Committee will develop this report. From the Dental Services Reports data, monthly reports are submitted to the Chief Dentist for analysis. The monthly report shall describe dental procedures provided to each youth and shall take into account lost time and the number of youth who missed appointments. Dentists' work on an appointment schedule and youth are scheduled on a daily basis. When a youth misses his or her appointment, another youth shall be transported to the dental clinic to take the appointment, and a new appointment shall be provided to the youth that missed his or her appointment. Appointments are scheduled to include preventive services in order to promote better treatment and care. The reporting system provides an accurate assessment of a dentist's productivity and performance. The dentists follow the same policies and procedures for office records, dental documentation, infection control, and Occupational Safety and Health Act requirements as used by the medical unit.

Each time a youth presents for dental treatment or prophylaxis the dentist will review the youth's current medical problems and list of medications in order to avoid prescribing medications that may affect the youth's medical condition or interact with ongoing medications. The dentist shall update the youth's dental history each time he or she is treated. Dentists shall be required to meet

community standards of practice that require an up-to-date dental record be available to record the youth's immediate needs.

The UHR shall include medical, mental health, and dental treatment rendered to a youth while in a CDCR reception center and clinic or other facility. A youth's UHR shall accompany him or her throughout assignment to the CDCR.

UHRs shall be stored in the facility's medical clinic in the active files. Although active dental records may be stored separately in the dental clinic, the dental records shall be retrieved and inserted into a youth's UHR when he or she is transferred to another facility, is paroled, or is discharged from CDCR jurisdiction. If separate dental records are kept in the dental clinic during ongoing treatment the dentist will develop a mechanism to assure the dental record is placed in the UHR when the treatments are completed.

HEALTH RECORDS

The health record system shall address all facets of health information management. The flow of youth health information, including initiating, developing, processing, maintaining, retrieving, storing, and utilizing the UHR shall be accomplished by standard policies and procedures and trained staff. Clinical activities and functions shall be coordinated so that the UHR is available on demand.

Health records shall be managed in a centralized location within each facility. The Health Records Service's major responsibilities are file tracking and maintenance, filing medical records, release of confidential health information, maintaining an inventory of forms, and record processing.

Policies, procedures, and appropriate forms shall ensure that the:

- Movement and Problems Lists are appropriately placed in the UHR and updated when clinically indicated.
- Physicians update Problem Lists at each clinical encounter.
- Consent for Treatment is separated from the Youth Personal Information.
- Youth Personal History shall be revised to include juvenile pertinent information.
- UHR shall be available for dental staff to periodically review medical information at each dental visit.
- Immunization Record and History shall be revised to incorporate all vaccination information.
- An intake history and physical examination form shall be created and placed into use.
- Policies and procedures shall require that a clinician initial and date his or her review of diagnostic test results reports and consultant reports. A note will be written in the progress note section of the chart that explains the clinician's response and appropriate plans for any abnormal laboratory results.

- Policies and procedures addressing access to and disclosure of confidential health information shall be revised to meet federal and state statutes and regulations.

For access to and disclosure of confidential health information to outside agencies, policies and procedures shall require consent from a minor youth's parents or legal guardian or from adult youth.

In-service training for health care and other staff shall be conducted to implement new and revised policies and procedures. Other staff that will require this training shall include individuals who prepare and mail protected personnel health information to or from the CDCR, information from the Superintendents' offices and the Parole Services and Community Corrections Branch.

The Clinical Record Administrator shall periodically monitor facility health record management to ensure compliance with the policies and procedures.

MAINTENANCE OF UHR

Basic UHR file maintenance shall include:

- Retrieval of UHRs required for sick call, scheduled appointments, and emergent and urgent care
- Delivery of UHRs to health care providers and other authorized users to ensure availability prior to delivery of services
- Filing of UHRs by close of business each day to ensure availability on demand
- Interfiling of health information generated and collected
- Control of UHRs' locations when not in file
- Protection of UHRs
- Preservation of the integrity of the filing system

A UHR shall be initiated when a youth arrives for intake at a reception center.

RELEASE OF CONFIDENTIAL HEALTH INFORMATION

Health Record Service staff shall process requests for the use and disclosure of confidential health information in compliance with statutory and regulatory mandates and departmental policies and procedures, including human immunodeficiency virus and mental health, to employees on a need-to-know basis, and others, e.g., Attorney General's Office, Social Security Administration, youth's attorney, and youth.

TRANSFER OF UHR TO ANOTHER FACILITY

- Health Record Service staff shall ensure that the UHR, including the dental record of a youth transferring to another facility accompanies the youth.

QUALITY MANAGEMENT AND PEER REVIEW

Health Care Services shall develop a quality management and peer review program, which ensures that health care delivery is consistent with national standards.

The Medical Director shall have full legal authority and responsibility for the departmental delivery of health services to youth. The Medical Director shall establish, maintain, and support the departmental quality management programs that include effective mechanisms to monitor and evaluate patient care and correct problems that are identified.

Each facility shall have a Quality Management Committee (QMC) that shall function as the manager's meeting for the facility. This committee shall consist of, at a minimum, the facility Chief Medical Officer, Psychiatrist, Administrator, Supervising Nurse, Dentist, Pharmacist, and any ad hoc members as deemed necessary. Custody Staff should be included in these meetings. The Chief Medical Officer should chair these meetings. The purpose of these meetings is to coordinate care, discuss administrative and clinical issues, and to take necessary corrective action.

The standard policies and procedures shall be developed to guide the clinical practices and administrative processes at a facility. The QMC at each facility shall review the policies and procedures and recommend revision to the Statewide Medical Director. Recommended revisions shall be based on clinical outcomes measured by indicators used to judge the various aspects of health care operations. Program performance shall be measured by data collected from clinical indicators.

QUALITY MANAGEMENT COMMITTEE

The QMC shall be responsible for coordinating the establishment, review, revision, approval, and implementation of local policies and procedures governing basic and ancillary health services, including physician, dental, nursing, dietary, pharmaceutical, health record, housekeeping, and such additional health services provided at the facility. Local policies shall be consistent with Statewide Policies promulgated by Health Care Services. The QMC's responsibilities include the following:

- Assess the quality of patient health care by periodic review and evaluation of basic, specialty, and ancillary health services.
- Produce minutes of meetings that shall be forwarded to the Medical Director for review.
- Annual review of policies and procedures with recommendations for revision to the Medical Director.
- Review the effectiveness of policy and procedure implementation.
- Make recommendations for the improvement of patient care.

- Determine program resource needs (staffing and equipment) and prioritize needs requests.
- Direct the implementation of health care system priorities including any Court Orders or negotiated settlements.
- Monitor and report to the Medical Director adherence to Court Orders and any other negotiated settlements, and review audits performed at the facility.
- Monitor the progress of any Quality Improvement Teams (QITs).
- Determine information technology needs.
- Prepare an annual assessment report.
- Review or initiate quality improvement teams to any area of service that shows deficiencies of significance.
- Review the minutes, and review and act on any recommendations of the subcommittees of the QMC.

The QMC team from CDCR headquarters will provide technical assistance as needed to local QMC Committees.

QMC SUBCOMMITTEES

Each QMC Committee will have several subcommittees that report on a regular basis to the QMC Committee. These include:

- Pharmacy and Therapeutics
- Infection Control
- Dental
- Mental Health

These subcommittees are described in detail in the following information.

PHARMACY AND THERAPEUTICS SUBCOMMITTEE

The Pharmacy and Therapeutics Committee shall be responsible for establishing, reviewing, monitoring, and approving policies and procedures for the procurement, storage, distribution, and use of drugs, biologicals, and chemicals. The dispensing, labeling, storage, and disposal of drugs shall conform to federal and state laws and regulations. The Pharmacy and Therapeutics Committee's responsibilities shall include:

- Review departmental policies and ensure facility pharmacy service policies and procedures are consistent with departmental policies.
- Recommend drugs to be stocked in the medical clinic.
- Review reports of medication storage units.

- Review, and make recommendations for the revision of the departmental drug formulary in coordination with the facility Chief Medical Officer and the Medical Director to ensure a uniform formulary statewide.
- Recommend improvements in health services.
- Select pharmaceutical reference materials.
- Evaluate clinical data of new drugs or preparations requested for use.
- Prepare a quality management audit tool to monitor pharmacy services.
- Prepare drug utilization data and maintain inventories.
- Review drug utilization at the facility.
- Report its minutes and any findings to the QMC.
- Quarterly monitoring of pharmaceutical costs, by class (psychotropics) and by institution.
- Review reports of and take action on pharmacy inspections.

The Pharmacy and Therapeutics Committee at a facility shall consist of a pharmacist, a physician, an administrator, the Supervising Registered Nurse, and other individuals determined by the Chairperson. The Chairperson shall be a physician. The Pharmacy and Therapeutics Committee shall meet at least quarterly. The pharmacist or designee shall be responsible for minutes.

INFECTION CONTROL SUBCOMMITTEE

The Infection Control Committee's responsibilities include establishing, reviewing, monitoring, and recommending policies and procedures to investigate, control, and prevent infections including tuberculosis. The policies and procedures shall be based on the latest Centers for Disease Control and Occupational Safety and Health Administration (OSHA) recommendations. Specific responsibilities include:

- Collect, review, and report statistics on the number, types, sources, and locations of reportable infections within an institution. Maintain and report records of the tuberculin skin tests results of employees and youth, prophylaxis provided, and TB treatments given. All reports will be summarized quarterly and reported to the QMC.
- Develop and implement a preventive program designed to minimize infection control hazards in the workplace, including monitoring and evaluation of aseptic, isolation, and sanitization techniques. This will include production of a blood borne pathogen policy with annual updates under Health Care Services coordination.
- Identify and report on the incidences and causes of nosocomial infections and other infections of importance such as MRSA.

The Infection Control Committee shall meet quarterly. Membership shall include a physician, a Dentist, the Supervising Registered Nurse, the Infection Control Nurse, a dietary representative, a custody representative, housekeeping representative, and other members deemed necessary by the Chairperson. The Chairperson shall be a physician.

DENTAL SUBCOMMITTEE

The Dental Subcommittee will meet quarterly to review monthly and quarterly dental reports. Subcommittee membership will include the dentists, physician, administrator, infection control nurse, and other personnel as required to:

- Review monthly and quarterly reports from the clinics;
- Review and update the Policy and Procedures Manual;
- Discuss problems and solutions with dental care and delivery;
- Design and implement dental clinic audits;
- Review dental clinic audits;
- Design, evaluate, and implement corrective action for quality improvement;
- Maintain verification of current credentials for all qualified dental professionals, consistent with state and community standards;
- Design and implement ongoing education for dental staff and youth.
- Discuss problems and solutions with dental care and delivery

MENTAL HEALTH SUBCOMMITTEE

The Mental Health Subcommittee shall be a standing committee at each facility that meets on a bi-monthly basis to review:

- All Special Incident Reports;
- Use of mechanical restraints;
- Emergency Use of psychotropic medications; and
- Data gathered through the quality management program local audits.

The primary assignment of this subcommittee is to identify quality of care problem areas and makes recommendations to the Medical Director regarding change in practices that will lead to improvement of patient outcome.

The Mental Health Subcommittee members shall include the CMO, Senior or Staff Psychiatrist, Senior Psychologist, Supervising Registered Nurse, mental health program manager, chief of

security, and any other member as deemed necessary. The Chairperson shall be a psychiatrist or Senior Psychologist.

PERFORMANCE INDICATORS

A clinical indicator is a tool used to measure the performance of an important function of an organization. The QMC shall recommend indicators for aspects of health care that deal with problems, concerns, or processes that they feel need improvement. Clinical indicators may vary by service and differ from facility to facility. Clinical indicators shall be objective. Examples of clinical indicators are:

- Patients shall be screened within 24 hours of arrival for acute and chronic medical, dental, public health, or mental health conditions, as well as for pregnancy in females.
- Newly ordered medications shall be available to a patient on the same day it is ordered, unless the medication would not normally be started until the next day.
- Complete history and physical examinations shall be completed within seven days.
- A physician's progress note shall be recorded on admission of a youth to the OHU and every day (Monday through Friday) subsequent to admission.
- A clinical indicator on use of restraints including assessment for limb movement, appropriate application of restraints, appropriate indications for restraints, etc.

EVALUATION PROCESS

The QMC shall be responsible for identifying important aspects of health care, identifying indicators, and establishing thresholds for evaluation. The committee will collect data pertaining to indicators selected and compare the data to thresholds. Therefore, an indicator will be well defined for ease and reliability of data collection. For example: "Each youth admitted for drug detoxification and treatment shall see a physician within 24 hours of admission." Threshold: 100%.

An indicator monitoring the quality of gastrointestinal contrast studies might be: "Requisitions for upper gastrointestinal series shall include pertinent information from the history and physical examination, as well as the suspected diagnosis." Threshold: 98%.

QUALITY MANAGEMENT COMMITTEE

An important responsibility of the Quality Management Committee shall be to coordinate and facilitate the performance of quality improvement activities at each institution. Accordingly the Quality Management Committee shall:

- Implement the Quality Improvement Plan. The Chief Medical Officer shall appoint a Quality Improvement Coordinator to assist with this process.
- Be responsible for monitoring, assessing, and improving the quality of health services within a facility.

- Establish a monitoring and evaluation process to review at least two important aspects of care each quarter.
- Maintain minutes that are concise, well written, informative, and reflect findings and recommendations.

QUALITY MANAGEMENT RECORD RETENTION

Quality management records shall be maintained by the Chief Medical Officer or designee and shall include the Quality Management Committee's minutes and reports.

CONFIDENTIALITY

Section 1157 of the Evidence Code mandates discovery protection for certain quality management system information and provides qualified immunity from liability for institutions, administrative staff, medical staff, and others serving on committees that conduct quality assurance activities and those that provide services to such committees. The goal of the statutory protection for quality review participants is to encourage uninhibited investigation and evaluation of professional activities.

Health Care Services Division wishes to reaffirm the confidential nature of quality management information and the protection of such information from being used inappropriately. It is essential that health care quality management data, analysis, findings, conclusions, recommendations, and actions developed by or for the use of the institution not be available to unauthorized individuals or organizations or used for other than internal or comparative quality management functions. All minutes and other information generated by the QM process shall be stored separately from other documents and in a secure manner.

STANDARDS COMPLIANCE TEAM

The role of an external quality management process shall be to perform audits consistent with the audit instrument and provide direct guidance to facility medical, mental health, dental, nursing, and ancillary staff based on independent onsite assessment and evaluation. The external quality management staff shall be composed of physicians, nurses, and other professional staff with training, education, and experience in the programs and services provided at the institutional level. The Medical Director shall appoint the external quality management teams. An external physician-directed, peer review feature shall be included as a component of the process when issues of competency arise.

At each facility, a headquarters-based external Quality Management Team shall review access to health care, quality of health care, and continuity of care, as well as compliance with departmental and facility policies and procedures. Quality management findings by the QMT shall be communicated to the Chief Medical Officer and Quality Management Committee of the facility. Findings and recommendations of the QMT shall be provided to the Chief Medical Officer and Medical Director.

Each facility shall have at least one QMT review annually.

PHYSICIAN PEER REVIEW

The physician peer review process shall operate in accordance with a Peer Review policy that is developed in collaboration with Court experts.

The physician peer review process shall provide a mechanism by which professional performance in a correctional facility is reviewed by physicians to assess the appropriateness of decision-making and overall quality of care.

Physician peer review shall be performed at least quarterly at each facility. Review shall be based on health record documentation and performed by the DJJ Medical Director and CMO until such time that the CDCR Division of Juvenile Justice has a complete Board Certified complement of physician staff.

The Medical Director and Chief Medical Officer will develop a report that will:

- Identify deficiencies
- Make recommendations for improvement
- Focus on high risk, problem prone aspects of patient care
- Provide direction for specific quality management activities

POLICIES AND PROCEDURES

HEALTH CARE SERVICES POLICIES AND PROCEDURES

The CDCR shall provide health care services at its facilities according to standard policies and procedures, which shall be used statewide to provide an appropriate level of care and treatment by appropriately credentialed health care professionals.

The Transition Team, in collaboration with the Court Experts, shall develop the initial policies identified below. These policies are deemed a priority to achieve the most rapid improvement in health care services, and will be used as a basis for clinical auditing. These policies will include the following:

- Access to Care and Non-emergent Health Care Requests and Services
- Chronic Disease Management
- Mortality Review
- Diagnostic Test Monitoring
- Medical Reception Evaluation
- Receiving Nurse Screening
- Medication Administration
- Intrasystem Transfer Screening
- Dental Care
- Infection Control Duties & Scope of the Committee
- Infection Control: Cultures of Personnel and the Environment
- Tuberculosis Procedure
- Outside Specialty Care
- Outpatient Housing Unit
- Emergency Services
- Sentinel Events
- Organizational Structure & Medical Autonomy
- First Aid
- Clinical Space, Equipment and Supplies
- Privacy of Care
- Prenatal Care
- Credentialing of Health Care Professionals
- Peer Review
- Quality Management

The Transition Team will also determine a comprehensive list of policies to be developed following the initial policy development. At a minimum, policies and procedures shall address the Standards for Health Services in Juvenile Detention and Confinement Facilities 2004 published by the National Commission on Correctional Health Care. The Transition Team will

initiate development of a Nursing Protocol Manual. Other policies shall be developed as deemed necessary by Health Care Services leadership. During the pendency of the Farrell case, whenever changes in policies occur, they shall be submitted to the Court Experts and plaintiff's counsel for review and comment prior to finalization of the policy.

The standardized policies and procedures shall be developed to guide the clinical practices and administrative processes at a facility. The QMC at each facility shall review the policies and procedures and recommend revision to the Medical Director. Recommended revisions shall be based on clinical outcomes measured by indicators used to evaluate the various aspects of health care operations. Program performance shall be measured by data collected from clinical indicators.

Each facility's method of delivering health care to the youth population shall be standardized by mission and programming. This would include intake screening or admission processes, basic therapeutic programs, and treatment planning processes. Current treatment guidelines shall be reviewed and revised to meet accepted national standards of care and to include relevant conditions and processes of health care for juveniles. Policies and procedures shall clearly specify the responsibilities and actions required of staff involved in the delivery of health care. Each facility shall maintain local operating procedures, which shall conform to the departmental Health Care Services Policies. Local operating procedures shall be developed and submitted for review and approval of Health Care Services leadership (Medical Director, Health Care Administrator, Director of Nursing, Pharmacy Manager, Chief Psychiatrist, etc).

JUVENILE SPECIFIC HEALTH CARE SERVICES POLICIES

The Medical Director shall ensure that the departmental policies are standardized and juvenile specific.

Health Care Services shall provide each facility with a copy of the Health Care Services Policies. The Medical Director shall develop treatment guidelines in collaboration with CDCR physicians. Guidelines must reasonably conform to nationally recognized guidelines for common conditions when they exist, and shall be available to clinical staff.

The Policy, Procedure, Programs, and Regulations Unit shall be responsible for identifying and codifying pertinent regulations for health care upon recommendation of the Medical Director.

The Medical Director or designee shall maintain the original Health Care Services Policies at headquarters.

PHARMACY SERVICES / MEDICATION ADMINISTRATION POLICIES AND PROCEDURES

The CDCR shall provide Pharmacy Services that are accessible at all times for medically necessary care and according to federal and state laws and regulations. Pharmacy Services shall provide medication information to staff to promote patient safety and medication compliance. Each facility shall be required to have a Pharmacy and Therapeutics Committee to provide multidisciplinary oversight of the clinical aspects of Pharmacy Services.

Appropriate pharmacy staff shall procure, compound, dispense, distribute, store, and dispose of medication in conformance with applicable laws and regulations. Pharmacy Services shall be responsible for collecting adverse drug reaction reports from nursing and producing a report, maintaining patient medication profiles, performing quality improvement activities, and monitoring drug therapy. A 24-hour prescription service shall be available to facilities. Medication shall be administered from the medical clinic or, when available, a specifically designated area in a living unit. Except in lockdown areas, nurses shall not be required to move from cell-to-cell to administer medication.

The Pharmacy Services Policies and Procedures shall be revised to provide more efficient and effective services. The review of different pharmacy service models, which may include outsourcing, shall continue. The CDCR shall explore methods for pharmaceutical cost efficiency and standardization.

The revised policies and procedures relating to pharmacy services are comprehensive and specific. The following are provided to address salient issues identified in the expert's report.

PHARMACY REQUIREMENTS

- Pharmacy facilities shall have a valid unexpired permit issued by the California State Board of Pharmacy.
- The CDCR shall provide pharmacy services to youth that are medically necessary and according to state and federal laws and regulations.
- Pharmacy services shall provide medication information to health care staff to promote patient safety and enhance medication compliance.
- Health Care Services shall have a Pharmacy Manager to provide administrative oversight of pharmacy services.
- Pharmacy services shall have adequate staffing, space, equipment, and supplies to perform adequate services. Cleanliness of medical storage areas shall be inspected on a regular basis.
- Records shall be maintained in compliance with federal and state requirements.

- Pharmacists will have appropriate computer systems and programs to track medication, storage, usage, expiration, costs, and clinical patterns of prescribing.

PHARMACY SERVICES

Pharmacy Services shall:

- Maintain a drug inventory in the pharmacy and in medication rooms, including controlled substances, using an inventory system of strict accountability.
- Enter prescriptions in the pharmacy computer system to generate labels, create a youth specific medication profile, check for drug interactions and appropriateness of dosages, and print out Medication Administration Records.
- Dispense medications and other pharmaceutical preparations using an approved distribution system that meets all federal and state laws and regulations.
- Label drug containers issued to administer the medications, which shall meet legal requirements of dispensed prescription.
- Conduct routine monthly inspections in the pharmacy, medication rooms, and any area of the facility where pharmaceuticals are stored to ensure that the area is clean and in compliance with State pharmacy regulations; that medications are being appropriately dispensed; that legend and over-the-counter medications are not being administered past expiration dates; and that medications are properly stored in optimal conditions and temperature.
- Maintain a supply of designated emergency medications in the pharmacy and in the medical clinic.
- Furnish medication information, when requested, to youth, physicians, nursing staff, and other clinical staff.
- Maintain a system for physicians or nurses to access medication when the pharmacy is closed, i.e., Night Drug Locker.

AFTER HOURS PHARMACY AVAILABILITY

- Pharmaceuticals for emergency and urgent needs shall be available to youth during the hours that the pharmacy is closed.

- The Pharmacy shall establish a supply of medications in a Night Drug Locker accessible to designated nursing staff. The Night Drug Locker shall be for use during hours when the Pharmacy is closed. In the event that necessary emergency medication is not available in the Night Drug locker, access to the Pharmacy after business hours shall require the pharmacist to return to the facility. Policies and procedures shall be in place to obtain prescribed medication not available from the Night Drug Locker or the pharmacy after business hours. The contents of the Night Drug Locker shall be reviewed for appropriateness on a regular basis by the Pharmacist-in-Charge, the Supervising Registered Nurse, and the Chief Medical Officer. A formal process shall be developed to add and delete medications to and from the Night Drug Locker stock.
- The Pharmacist-in-Charge and the Supervising Registered Nurse shall be responsible for policies and procedures to ensure that access to the Night Drug Locker shall be limited to appropriate designated staff. The Pharmacist and Supervising Registered Nurse shall be responsible for policies and procedures that provide control and accountability of medications removed from the Night Drug Locker. The system will ensure accountability for each medication kept in the Night Drug Locker. Accountability will be maintained by maintaining an inventory sheet for each medication stored in the Night Drug Locker. Whenever a dose is administered, the nurse will record the name of the youth, ID number, name and dosage of drug, date and time administered, remaining number of doses, and signature of the nurse administering the medication. When the medication container is empty, the nurse will return the container and inventory sheet to the pharmacist, who will replace the medication.

DRUG FORMULARY

Medications dispensed from the pharmacy shall be approved by the statewide Pharmacy and Therapeutics Committee and be contained in the Drug Formulary, which shall comply with the California "Common Drug Formulary." Psychiatrists shall use acceptable treatment guidelines when selecting a second-generation antipsychotic medication. The drug formulary shall include a process for approving the use of non-formulary medications and for adding and deleting medications. The pharmacy shall dispense equivalent generic medications for brand name prescriptions.

LABELING AND STORAGE OF MEDICATIONS

Medications shall be dispensed in properly labeled containers and stored in an optimal environment to ensure safety and potency. Expired, contaminated, and deteriorated medications shall not be kept in stock.

All medications shall be labeled, packaged, and stored in compliance with applicable federal and state laws and regulations. The process shall ensure that by properly labeling, packaging, and storing medications they are appropriately identifiable, readily available, safe to use, in efficient sizes and quantities, and shall conform to applicable federal and state laws and regulations.

MEDICATIONS FOR PERSONAL POSSESSION

A youth may keep an asthma inhaler in his or her personal possession or at the bedside. Other medications may be deemed safe for personal possession and unsupervised administration, and necessary for a youth's continuous treatment, and will be identified by the CMO. The health care staff shall be responsible for ensuring the youth is instructed in the proper use and storage of the medication. Health care staff shall document the use of bedside medications.

EXPIRATION DATES AND DISPOSITION OF OUTDATED, CONTAMINATED, MISLABELED, OVERSTOCKED, AND RECALLED MEDICATION

The Pharmacist-in-Charge or designee and health care staff shall ensure that no medication is used or administered after its expiration date, when it is contaminated or mislabeled and that outdated, discontinued, and overstocked medication is returned to the pharmacy for disposition.

PHARMACEUTICAL SUPPLY AND INVENTORY CONTROL

The Pharmacist-in-Charge or designee shall be responsible for the establishment and maintenance of a system that monitors medication used in the facility. A pharmacy inventory shall be performed annually. The prime vendor in accordance with the Prime Vendor contract may perform the inventory. The inventory should be done at the same time each year upon the request of the Pharmacist-in-Charge. The information shall be presented to the Pharmacy Manager, who may present significant findings and information to the Pharmacy and Therapeutics Committee.

- The pharmacist or pharmacy technician who receives a medication delivery shall inventory the items against the packing slip.
- Missing or incorrect items shall be resolved immediately with the Prime Vendor. The Pharmacist-in-Charge shall be notified as soon as possible of a discrepancy that cannot be resolved.
- Controlled substances shall be received by a pharmacist, signed for, and secured in the narcotics safe in the pharmacy. Scheduled drugs received shall be added to the pharmacy inventory to show the current balance.

LIMITED MEDICAL CLINIC-STOCK ORDERS

With the exception of a Night Drug Locker, which stores a limited supply of legend medications that may be accessed when the pharmacy is closed, no legend drugs (i.e., drugs that require a prescription) shall be stocked in a patient care area, medication room, or treatment room. Stock bottles of legend drugs shall not be permitted outside the Pharmacy. The exception to the policy, however, is biological agents such as vaccines and insulin, which may be kept in the medical clinic refrigerator.

In addition, a reasonable supply of non-legend, over-the-counter medications such as Tylenol and aspirin, may be kept in the medical clinic to be administered by nursing staff. Only the Pharmacy may dispense a legend drug from a prescription. The process ensures that the facility complies with federal and state laws and regulations and maintains the community standard of practice that does not permit use of a floor-stock system for medication administration.

INSPECTING MEDICATION STORAGE AREAS

The Pharmacist-in-Charge or designee shall regularly inspect the storage of medications. Controlled medication stock inventory shall be maintained and documented. Pharmacy stock shall have current dates and be in good condition and properly labeled. Storage areas shall be clean, uncluttered, well lit, and secure, and shall contain only properly authorized medications. This will ensure that outdated or deteriorated medications are not available for youth use, and that medications are stored safely and comply with departmental policies and procedures and federal and state laws and regulations.

PAROLE OR TRANSFER MEDICATIONS

Essential medications are those medications that are necessary to continue therapy to prevent relapse of illness or disability, or to alleviate severe pain. Examples of essential medications include medications used for the treatment of diabetes, seizures, hypertension, asthma, cardiac conditions, human immunodeficiency virus, pain management, and psychiatric disorders. The purpose of providing medications on parole or transfer is to ensure continuity of drug therapy when the youth enters a community health care system.

Parole Medications

When youth are paroled, the releasing facility shall provide 30 days of essential medications to the youth. A nurse, pharmacist, or other clinician shall provide the youth with a record of his or her discharge medications.

Transfer Medications

When youth are transferred to another facility, DJJ shall ensure continuity of medication. A pharmacist will provide medication consultation when necessary. The pharmacist at the receiving facility will query the CIPS system to get a list of current medications, if any.

MEDICATION MANAGEMENT

The CDCR shall provide accurate and timely management of medications to youth. Medication management is a shared responsibility requiring cooperation between health care staff and custody staff.

Medication management includes the following:

- Only qualified health care professionals or staff who have been trained and demonstrate competency shall administer medications prescribed by authorized prescribers within the scope of licensure under California law (e.g., a physician, nurse practitioner, physicians assistant, dentist, and podiatrist, etc.).

- Each facility shall maintain a comprehensive operating procedure for the medication management system.
- Facility managers (healthcare and custody) shall address corrective action and intervention for medication administration obstacles through the quality management process.
- A copy of the Physician's Order shall be retained with the Medication Administration Record until licensed health care staff can verify the Physician's Order against the Medication Administration Record.
- Formulary medications prescribed shall be administered no later than the next day, unless otherwise ordered.
- Youth arriving at a reception center and clinic from a site other than a CDCR facility that are on prescription medications shall be seen by a health care provider, or have the prescription medication ordered within 12 hours of arrival to prevent interruption in receiving medications.
- Medication management matters that may involve a security or safety issue (e.g., hoarding or selling of medications) shall be referred to the Chief Medical Officer and Superintendent.
- Each medication order, including PRN (as required), shall include the following: date and time of the order; medication name; strength (dose); route of administration; frequency (how many times per day and a specific time period when necessary); duration of prescribed therapy; and a legible signature.
- Each PRN order shall also include the condition for which the medication is prescribed.
- Medication ordered on an AM and PM or a twice daily basis shall be administered with at least eight hours between the two dosing times, unless otherwise indicated on the Physician's Order. Prescribers are encouraged to prescribe medication dosing timeframes to as few times per day as possible while observing the particular medication serum life and clinical efficacy.
- When clinically indicated, medications may be ordered as the hour of sleep (HS). Medications ordered at the HS and shall not be administered before 2100.
- STAT medications shall be administered within one hour of order.
- Medications shall be stored in a safe and secured manner at all times.
- Medications shall be prepared and administered by the same licensed staff member. The pre-pouring of medication is not allowed.
- Oral narcotics with the exception of time-released medications (e.g., MS Contin) may be crushed to ensure delivery.
- Each facility shall maintain a system to notify health care staff that administers medications, which youth have orders for involuntary medications (i.e., Keyhea).

- Picture identification and verification of youth's identification number prior to medication administration shall confirm the identity of the youth. Medication administration shall be documented as administered.

COMMUNITY STANDARD POLICIES AND PROCEDURES

The CDCR DJJ shall provide youth with periodic health assessments, the use of medical specialty professionals, preventive health programs, and chronic illness programs that meet community standards. The programs are described in the "Access to Care" section of this document.

The programs shall be developed and implemented utilizing the National Commission on Correctional Health Care's Standards for Health Services in Juvenile Detention and Confinement Facilities manual, as well as the American Medical Association's Guidelines for Adolescent Preventive Services.

Health Care Service staff shall review the benchmarks and shall incorporate the concepts into the Health Care Services Delivery System.

SCHEDULE OF IMPLEMENTATION

As detailed previously in this document the Transition Team was tasked with the final development of the remedial plan and the identification of tasks necessary to fully implement the plan. To this end, the Team identified 22 specific tasks along with time frames for completion. Some of the tasks identified are "free standing", that is a single task to be accomplished is not necessarily dependent on the outcome of a previous or subsequent task. However, for the most part tasks are sequential in nature and full implementation is not possible out of sequence. The following will describe the tasks of the Team grouped in logical sequence describing the implementation time frames.

ADMINISTRATIVE, CLINICAL AND NURSING LEADERSHIP

The DJJ will:

- Establish an organizational structure that provides the DJJ Medical Director with supervisory responsibility over the medical operations including physicians and dentists;
- Ensures the Director of Nursing has the clinical authority and responsibility for nursing practice;
- Separate the clinical and administrative oversight of the medical program;
- Establish a statewide Administrator; and
- Create a table of organization for Health Care Services.

To address this area the Transition Team will develop an organizational structure for Health Care Services both at the Health Care Services and institutional level.

STANDARDIZED POLICIES AND PROCEDURES FOR HEALTH CARE DELIVERY

This is the single most important component of the health care delivery system and is the driver for the identification of required resources and the evaluation of outcomes. The process for the identification, development, and implementation of these policies is critical to the outcome of the plan. The Transition team will work closely with the Court Experts to develop policies and procedures.

Initially, the Team will identify and develop a set of essential policies that will form the basis of the delivery of health care. These and all subsequent policies will be referenced to standards contained in the *Standards for Health Services in Juvenile Detention and Confinement Facilities*, by the National Commission on Correctional Health Care, 2004 edition. The policies will form the guiding principles by which all health care services provided within the department will be provided. Policies will be developed by the Team and will be forwarded to all institutions for review and comment. Input from the field will be reviewed and appropriate recommendations will be incorporated to the final document. These initial policies will be processed through the

department's policy review process and will be promulgated. For those policies that are identified as needing immediate implementation, they will be processed as a "Temporary Departmental Order" (TDO) until the internal review process is complete and the policy is issued.

The initial essential policies will be submitted to the Court Experts for final review by March 13, 2006. The Court Experts will meet with Health Care leadership by the end of March, 2006 to finalize these essential policies. The final version of the policies will then be submitted to the DJJ Policy section for internal review and processing. This will be completed by June 15, 2006. Policies will then be forwarded to Labor Relations for notification and discussion with the various labor groups.

As the policies are developed and sent to the field for review, each institution will be directed to draft implementation procedures, specific for their institution. These implementation procedures will be forwarded to Health Care Services for review and approval. This review will ensure that each institution has a mechanism to ensure appropriate implementation of the policy for the intended outcome, and a quality review mechanism. These local procedures will be reviewed, modified as necessary and approved for implementation once the statewide policy has been promulgated.

As the institution specific operating procedures are approved they will be directed to develop and implement training of appropriate staff. Documentation of completed training will be maintained at the institution with a copy forwarded to the Health Care Services. New staff hires will be trained on appropriate operating procedures and will be documented as above. All training of existing staff will be completed within 60 days of approval of each local operating procedure. This training shall be completed and the initial essential policies fully implemented by November 1, 2006. Training of new staff on appropriate policies/procedures will be completed within 30 days of hire.

STAFFING, EQUIPMENT AND SPACE

One of the initial tasks of the Transition Team was to conduct site visits at each of the institutions to form a "baseline" evaluation to be used in conjunction with the experts' report. A simple review tool was developed by the Team and included a number of areas for review, including but not limited to:

- An inventory of medical equipment;
- Current staffing levels and staff deployment;
- Space for medical procedures;
- Office space and equipment for health care staff;
- Current procedures for purchasing of medical supplies and equipment;
- Existence and utilization of medical contracts to include registry; and
- A review of current pharmacy and pharmacy practices

The Team also developed a mechanism for the tracking and reporting of allocated staff, vacancies, staff availability, and staff coverage.

As part of the institution review of the policies and their development of local operating procedures, each institution has been tasked to evaluate the staffing, equipment and space necessary to implement each policy and report this information to the Team. The Team has used this analysis, coupled with the information contained in the experts' report along with the results of the site visits to make recommendations to the department for required resource to implement the policies. These recommendations are currently under review. To the extent additional resources are needed, requests will be submitted through the annual budget process. DJJ will provide staff, equipment and space that are adequate to meet the requirements of this plan and policies and procedures.

QUALITY MANAGEMENT PROGRAM

Stated in simple terms, Quality Management in a health care organization represents what is done and how well it is done. The goal is to accurately understand the basis for current performance so that better results can be achieved through focused improvement actions.

Audits and performance measurements as part of a total Quality Management program are used internally by health care organizations to support performance improvement, and externally to demonstrate accountability to the public and other interested stakeholders. These performance measurements benefit the health care organization by providing statistically valid, data-driven mechanisms that generate a continuous stream of performance information, which enables the health care organization to understand how well their organization is doing over time, and have continuous access to objective data to support claims of quality. The organization can verify the effectiveness of corrective actions; identify areas of excellence within the organization; and compare performance with that of peer organizations using the same measures.

Various approaches have been developed to improve performance and patient outcomes. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) has identified a 10-step model for quality assessment and improvement. These are the basic steps to developing a Quality Management plan that will result in improved organizational performance. The steps are:

- Assign responsibility
- Delineate the scope of care and service
- Identify important aspects of care and service
- Establish thresholds for evaluation
- Collect and organize data
- Initiate evaluation
- Take actions to improve care and service
- Assess effectiveness of the actions and ensure that improvement is maintained
- Communicate results to relevant individuals and groups

Assign Responsibility

The health care authority (Health Care Services Medical Director) is responsible to oversee performance improvement while the Chief Medical Officer (CMO) and other clinical managers within the facility are charged with setting priorities (consistent with the authority's goals and vision), establishing responsibilities, and designing approaches for assessing and improving patient care

Delineate the Scope of Care and Services

The key functions (structural, process, and outcome), procedures, treatments and activities to be monitored and evaluated are identified.

Identify Important Aspects of Care and Services

Institutions should focus their efforts on those activities that will make a difference (improve care and service) and on key functions, procedures and treatments. Priorities should be established on an institutional-wide basis.

Establish Threshold for Evaluation

For each indicator, an expected, achievable level of performance or a threshold should be set. A more in-depth review should occur if the threshold is exceeded. Institution patterns or trends in performance should be monitored and compared with other institutions or against national standards. Health Care Services should monitor institution performance relative to its goals, verifying the source and the appropriateness of selected indicators.

Collect and Organize Data

For each indicator, there should be evidence of ongoing data collection. Data should be aggregated to identify trends in care, services or outcome. Health Care Services should ensure that physicians, dentists, mental health clinicians, nurses and other staff receive training in methods of quality improvement.

Initiate Evaluation

An evaluation should begin when an unexpected pattern or trend is noted or when performance falls below the established goal. Problems identified are referred for an intensive review, particularly when the cause and scope of the problem or trend is unknown. When unexplained or unacceptable variations in care are identified, peer review (i.e., more detailed examination of records by qualified "peer" professionals) may be necessary. In addition, other causes and effects, such as how the care is delivered, may also help explain variations in care. All peer and process review findings should be documented and summarized to help determine their effectiveness in identifying potential quality problems or situations.

Take Actions to Improve Care and Services

This step can pose the greatest difficulty for institutions. When there is a discrepancy between actual practice and the institution's performance expectations, there must be evidence that an improvement plan has been implemented.

Assess the Effectiveness of the Actions and Ensure Improvement is Maintained

Critical to the improvement of care or services is determining if the action taken actually improved the care or service and if that change is maintained. If not, staff should determine whether the:

- Nature and scope of the problem or trend were correctly identified
- Corrective actions were appropriate to the identified issue
- Corrective actions were reasonable and achievable
- Authority and responsibility for implementing corrective actions were clearly specified and understood
- Corrective actions or improvement plans were implemented

Communicate Results to Relevant Individuals and Groups

Data should be summarized concisely and reviewed in a timely manner by quality improvement teams, committees or councils, medical staff committees, senior management and the governing board. A schedule for the compilation and distribution of data should be identified. Special attention should be paid to identifying mechanisms for monitoring resolution of identified problems or situations and ongoing improvement of care and patient outcomes.

The Quality Management Process

1. A criterion or standard is determined. A standard is a predetermined guide for acceptable practice, such as the NCCHC Standards, policy and procedure manuals or clinical guidelines such as the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension, etc.. Standards relate to three dimensions of quality care:
 - a. Structure standards that relate to the physical environment, organization, and management of an organization;
 - b. Process standards that relate to the delivery of care; and
 - c. Outcome standards that reflect the results of care.
2. Benchmarking is the process of comparing data with other reliable sources both internally and externally.
3. An indicator is a tool used to measure the performance of structure, process, and outcome standards.
4. Information is collected to determine if the standard has been met. The measurement tools may include surveys, audits, and peer review.
5. A corrective action plan is developed, typically through a Quality Improvement Team (QIT) for those areas that are found to be outside of the indicated threshold. This plan includes specific time sensitive actions to be completed, along with a mechanism for monitoring and review.
6. Assess the effectiveness of the actions taken to determine that change is maintained.

7. Communicate results and ensure continued compliance.

The development of the Quality Management System will begin with the establishment of the Quality Management System by Health Care Services. The full Quality Management System, including audit mechanisms based on health care policies along with the audits identified in this document and staff training, will be completed as the policies and local operating procedures are promulgated. All institution staff will be trained and the system fully operational by a target date of June 2007.

IMPLEMENTATION TRACKING SYSTEM

To ensure that the implementation of all aspects of the Remedial Plan is on track, a detailed Gantt chart will be developed and maintained by Health Care Services. This chart will be updated on a continuous basis and be modified as necessary as additional areas of concern are identified.

STANDARDS AND CRITERIA

The Remedial Plan calls for a number of specific changes in the medical, mental health, and dental care for the CDCR DJJ youth. To measure DJJ compliance with the requirements of the Remedial plan, an audit instrument with clearly defined standards and criteria, and thresholds of compliance will be developed by the Court Experts for their measurement of compliance. The audit instrument will be completed by June 15, 2006. The audit instrument will be comprised of indicators selected from:

- The Remedial Plan;
- Policies and procedures approved by Court Experts
- National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Juvenile Detention and Confinement Facilities, 2004 Edition;
- The American Medical Association's Guidelines for Adolescent Preventive Services (GAPS);
- US Preventive Services Task Force (USPSTF);
- Guidelines for the evaluation and treatment of other disease such as those published by the Centers for Disease Control and Prevention (CDC).

Regarding those areas related to nursing and medical care practice, Court Experts will use the professional judgment to assess compliance.

AUDIT INSTRUMENTS WITH THRESHOLDS OF COMPLIANCE

The audit instrument will be used by both the Court experts, the Health Care Services Quality Management Team and by the local facility Quality Management Manager to evaluate progress consistent with the Remedial plan. The audit instrument will include indicators from sources cited above and those from the Remedial Plan that Court experts judge to be critical to establishing an adequate health care system. Thresholds for achieving compliance may vary for selected indicators, however the facility must obtain an overall score of 85% or greater for the institution to achieve substantial compliance, as defined in paragraph 23 of the Consent Decree.

The results of the audits will be presented to the facility wide Quality Management Committee and when applicable to the Subcommittees (Pharmacy and Therapeutics, Infection Control, Mental Health and Dental) for corrective action.

The facility Quality Management Team will develop Corrective Action Plans for each area that did not reach the target threshold level. Development of corrective plans will involve any facility staff that the committee feels may be necessary to create a viable plan. The plan will

include an implementation section so that a review can assess how the corrective plan will be applied. A repeat audit will be conducted of the area in the next quarter or in cases where the plan may take longer to implement 6 months later. The appropriate Quality Management Committee will again analyze the results of the audit and if necessary another corrective plan devised. These reports of corrective action plans will be filed in a Quality Management file at the facility and sent to Health Care Services for review and storage in a Quality Management file. The Health Care Services may provide additional expertise to local facilities as needed to enhance corrective action plans.

References:

1. *American Medical Association's Guidelines for Adolescent Preventive Services*. Chicago: American Medical Association. <http://www.ama-assn.org/ama/pub/category/1980.html>
2. *Standards for Health Services in Juvenile Detention and Confinement Facilities*. Chicago: National Commission on Correctional Health Care, 2004. <http://www.ncchc.org>
3. U.S. Preventive Health Services Task Force Guidelines

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: **Margaret Farrell v. Roderick Q. Hickman**

No.: **RG 03079344**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age and older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On February 24, 2006, I served the attached **DEFENDANT'S NOTICE OF FILING OF DJJ'S HEALTH CARE SERVICES REMEDIAL PLAN** by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

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I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on February 24, 2006, at Sacramento, California.

G. GRAY
Declarant



Signature